State of Rhode Island Fee: \$20.00 Office of the Secretary of State Fee: \$20.00			
Division Of Business Services			
148 W. River Street			
	Providence RI 0290 (401) 222-304		
HOPE	(+01) 222-30-	10	
Foreign Non-Profit Annual Report Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2022			
1. Corporate ID No. 001684844			
2. Name of Corporation Red Skye Foundation, Inc.			
3. State of Incorporation			
State: <u>CT</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code			
<u>813990</u>			
4. Principal Office Address			
No. and Street: 26 FERRY LANE			
City or Town: BARRIN		Zip: <u>02806</u> Co	ountry: <u>USA</u>
5. Brief Description of the Character of the Affairs Conducted in Rhode Island			
TO EDUCATE THE MEDICAL DROFESSION AND CENEDAL DUDLIC ADOUT			
TO EDUCATE THE MEDICAL PROFESSION AND GENERAL PUBLIC ABOUT PSYCHOLOGICAL BENEFITS OF EQUINE ASSISTED PSYCHOTHERAPY AND THE ROLE			
OF SUPPORT SERVICES IN TREATMENT			
6. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed.			
Title	Individual Name	Addres	s
	First, Middle, Last, Suffix	Address, City or Town, Stat	
PRESIDENT	CHRIS WISEMAN	9 STARBO	ARD LANE

BARRINGTON, RI 02806 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CLAIRE V. WISEMAN 26 FERRY LANE BARRINGTON, RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2022 at 1:52:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>CLAIRE WISEMAN</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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