



RI SOS Filing Number: 202326657270 Date: 1/25/2023 1:13:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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BUS SVCS DIV

2023 JAN 25 PM 1:11

1. Entity ID Number 000066899		2. Exact name of the Corporation Southern New England Carriage Driving Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Foster and Encourage Horse Related Activities			
4. NAICS Code 813312					
6. Principal Office Address 15 Rodman Lane		City North Kingston		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEILA McNEFF			Vice-President Name Lorna Palmer		
Street Address 41 Cross St			Street Address 59 Bridge Rd		
City Foxboro	State MA	Zip 02035	City Union	State CT	Zip 06076
Secretary Name Rheanna Lanoie			Treasurer Name Elsie Rodney		
Street Address 11 Elm St			Street Address 30 Pine St Rd		
City Chelmsford	State MA	Zip 01824	City Stowe	State MA	Zip 01776
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kelly PESEK			Director Name Cynthia Saver		
Street Address 13 Old Colony Rd			Street Address 754 Lindsey St		
City Weston	State MA	Zip 02493	City Attleboro	State MA	Zip 02703
Director Name Kathy Richard			Director Name		
Street Address 192 South Ave			Street Address		
City Weston	State MA	Zip 02493	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative * Elsie S. Rodney				Date 1/20/2023	
Signature of Officer/Authorized Representative Elsie S. Rodney				FILED JAN 25 2023 BY MAHDP AA 1:13 pm	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021