



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. ID No.** 001682187

**2. Exact Name of the Limited Liability Company** Tamarack Farm HorsePowerment, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

EQUINE ASSISTED LEARNING PROGRAM(EAL)- EAL PROGRAMS USES  
GOAL-ORIENTED  
ACTIVITIES TO FOCUS ON LEADERSHIP, EMPOWERMENT, TEAMWORK, AND  
COMMUNICATION  
SKILLS. THE HORSE SERVES AS AN ENERGETIC AND METAPHORIC REFLECTION OF  
WHAT  
IS WORKING COMMUNICATIVELY AND WHAT IS NOT FOR THE PARTICIPANTS.  
PROGRAMS  
OFFERED - YOUTH DEVELOPMENT, CORPORATE TEAMBUILDING, PERSONAL  
DEVELOPMENT AND  
WELLNESS, AND YOGA AND MEDITATION.

**5. Principal Office Address**

No. and Street: 116 BARBS HILL ROAD

City or Town: COVENTRY

State: RI

Zip: 02827

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:      Contact Title:

No. and Street: 116 BARBS HILL ROAD

City or Town: COVENTRY

State: RI

Zip: 02827

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CAROL A. ALLEN 116 BARBS HILL ROAD GREENE , RI 02827

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 6 Day of February, 2023 at 11:19:19 AM 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 § 7-16.*

By CAROL ALLEN

Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved