



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 APR 28 PM 1:40  
2023 MAY 30 PM 2:35

1. Entity ID Number <u>000705472</u>		2. Exact name of the Corporation <u>Cladash Farm, Inc</u>	
3. Principal Office Address <u>73 Meeting House Lane</u>		City <u>Little Compton</u>	State <u>RI</u>
4. NAICS Code <u>11292</u>		6. Brief description of the character of business conducted in Rhode Island <u>Equine training, lessons, shows, boarding</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>			
President Name <u>Mary Cawley</u>		Vice-President Name	
Street Address <u>73 Meeting House Lane</u>		Street Address	
City <u>Little Compton</u>	State <u>RI</u>	City	State
Zip <u>02837</u>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>			
Director Name <u>Mary Cawley</u>		Director Name	
Street Address <u>73 Meeting House Lane</u>		Street Address	
City <u>Little Compton</u>	State <u>RI</u>	City	State
Zip <u>02837</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>None</u>	
		<u>None</u>	
		<u>.01</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative <u>Mary Cawley</u>		Date <u>3/31/23</u>	
Signature of Authorized Representative			

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 2 2023

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FORM 630 - Revised 2/2023