



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

Fee: \$20.00

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

**Non-Profit Corporation
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 - ENTER THE CURRENT FILING YEAR **2023:** 2023

1. Corporate ID No. 001666453

2. Name of Corporation YELLOW HORSE, INC.

3. State of Incorporation

State: RI

NAICS CODE

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 [click here](#).

NAICS Code

624190

4. Principal Office Address

No. and Street: PO BOX 134

City or Town: WOOD RIVER JUNCTION State: RI Zip: 02894 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE EQUINE ASSISTED THERAPEUTIC PROGRAMS FOR CHILDREN,
ADULTS, AND FAMILIES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	EMILY COURNOYER	1193 A MAIN ST WYOMING, RI 02898 USA
DIRECTOR	JOYE M BRIGGS	40 COLLINS RD ASHAWAY, RI 02804 US
DIRECTOR	KIRK REYNOLDS	PO BOX 134 WOOD RIVER JUNCTION, RI 02894 US
DIRECTOR	MARY MOORE	PO BOX 134 WOOD RIVER JUNCTION, RI 02894 US

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

RAYMOND M. ANDOLFO 109 AIRPORT ROAD, SUITE 7 WARWICK , RI 02889

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

Signed this 5 Day of June, 2023 at 4:15:19 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 RAYMOND ANDOLFO
Signature of Authorized Person

Form No. 631
Revised 09/07

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