



**State of Rhode Island
Department of State - Business Services Division**

FILED

JUN 15 2023

BY

1288

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 797410		2. Exact name of the Corporation Rhode Island Equitation Championships			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The committee holds one horse show each year in September.			
4. NAICS Code 813990					
6. Principal Office Address 82 High St.		City Ashaway	State RI	Zip 02804	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann Dotoli		Vice-President Name Jessica Roberts			
Street Address 1470 Putnam Pike		Street Address 16 Rhodes St.			
City Chepachet	State RI	Zip 02814	City Plainville	State MA	Zip 02762
Secretary Name Samantha Craig		Treasurer Name Elizabeth Vars			
Street Address c/o 40 Collins Rd.		Street Address 82 High St.			
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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 Ann Dotoli		Director Name Jessica Roberts			
Street Address 1470 Putnam Pike		Street Address 16 Rhodes St.			
City Chepachet	State RI	Zip 02814	City Plainville	State MA	Zip 02762
Director Name Samantha Craig		Director Name Elizabeth Vars			
Street Address c/o 40 Collins Rd.		Street Address 82 High St.			
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Elizabeth A. Vars				Date 6/12/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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