



**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 YEAR 2024: 2024

1. Corporate ID No. 000153018

2. Name of Corporation Ponies As Partners - Therapeutic Riding, 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

624110

4. Principal Office Address

No. and Street: 516 THIRD BEACH ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

TO PROVIDE EQUINE THERAPY SERVICES TO INDIVIDUALS NEEDING PHYSICAL
AND MENTAL WELLNESS BY UTILIZING THE HUMAN TO HORSE BOND

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
PRESIDENT	SABINA SILVIA	516 THIRD BEACH ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	PATRICIA MOISAN	516 THIRD BEACH ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	HERBERT M SILVIA	97 LOCUST AVE. PORTSMOUTH, RI 02871 USA
DIRECTOR	SABINA MARI SILVIA	97 LOCUST AVE. PORTSMOUTH, RI 02871 USA
DIRECTOR	SABINA SILVIA	97 LOCUST AVENUE PORTSMOUTH, RI 02871 USA

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

SABINA M SILVIA 97 LOCUST AVENUE PORTSMOUTH , RI 02871

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

Signed this 26 Day of January, 2024 at 11:31:03 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 § 7-6.*

By SABINA SILVIA
Signature of Authorized Person

Form No. 631
Revised 09/07

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