



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 28 2024

Annual Report for the year: 2024

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.

BY

1. Entity ID Number 001670744	2. Exact name of the Corporation Faith Hill Farm Foundation
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Equine assisted psychotherapy, equine assisted learning; Eagala certified equine specialist
4. NAICS Code 813910	

6. Principal Office Address 2056 Division Road	City East Greenwich	State RI	Zip 02818
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Pamela Steere Maloof			Vice-President Name Fonnie Soderstrom		
Street Address 2056 Division Road			Street Address 220 Charlotte Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name David Winsor Steere			Treasurer Name Laura Hope Gammell		
Street Address 49 Moosup Valley Road			Street Address 790 Ives Road		
City Foster	State RI	Zip 02825	City East Greenwich	State RI	Zip 02818

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Laura Hope Gammell			Director Name Fonnie Soderstrom		
Street Address 790 Ives Road			Street Address 220 Charlotte Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name David Winsor Steere			Director Name		
Street Address 49 Moosup Valley Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip

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.

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

Name of Officer/Authorized Representative Pamela Steere Maloof	Date X 2-24-24
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Signature of Officer/Authorized Representative

MAIL TO:
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Website: www.sos.ri.gov