RI SOS Filing Number: 202449615540 Date: 3/27/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 27 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
30126	The Rhode Island Federation of Riding Clubs, Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Unite horseclubs and people. Maintain suitable control of bridal trails and equine acitivities.
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
689 Gibson Hill Road	Greene	RI	02827

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ronald Walker			Vice-President Name: Irene Watson		
Street Address: 12 Duckworth St			Street Address: 303 Jackson Schoolhouse Rd		
City: Lincoln	State: RI	Zip: 02865	City: Pascoag	State: RI	Zip: 02859
Secretary Name: Cynthia Lussier			Treasurer Name: Philip Rutledge		
Street Address: 150 Old Wallum Lake Road			Street Address: 63 Rawson Rd		
City: Pascoag	State: RI	Zip: 02859	City: Webster	State: MA	Zip: 01570

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

Director Name: Lori Nero			Director Name: Philip Rutledge		
Street Address: 113 Gazza Rd			Street Address: 63 Rawson Rd		
City: Chepachet	State: RI	Zip: 02814	City: Webster	State: MA	Zip: 01605
Director Name: Cynthia Lussier			Director Name:		
Street Address: 150 Old Wallum Lake Road			Street Address:		
City: Pascoag	State: 02859	Zip:	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	Date
Philip J Rutledge, Treasurer	**3/25/2024**

Signature of Officer/Authorized Representative: Philip J Rutledge

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised. 12/2023