



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

Annual Report for the year: 2024
Corporation

APR 30 2024
2346 *R*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>705472</u>		2. Exact name of the Corporation <u>Cloddagh Farm, Inc</u>			
3. Principal Office Address <u>98 S of Commons Rd</u>			City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>
4. NAICS Code <u>11292</u>		6. Brief description of the character of business conducted in Rhode Island <u>Equine training, Boarding, sales, lessons, shows</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Mary D. Cawley</u>			Vice-President Name <u>None</u>		
Street Address <u>98 S. of Commons Rd</u>			Street Address		
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>None</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>None</u>		10. Shares Issued <u>None</u>		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>					
Name of Authorized Representative <u>Mary D. Cawley</u>				Date <u>4/26/24</u>	
Signature of Authorized Representative <i>[Signature]</i>					

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