



State of Rhode Island
Department of State - Business Services Division

JUN 10 2024 *to*

4063/4062

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 000956117	2. Exact name of the Corporation Horses Bring Hope				
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Horses Bring Hope (HBH) educates individuals of all abilities through the powerful healing connection between horses and humans. HBH strives to improve and enrich emotional and physical well-being.				
4. NAICS Code 624120					
6. Principal Office Address 121 Railroad Avenue		City Saunderstown	State RI	Zip 02874	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dina Mancini Godinez		Vice-President Name Lucan GodinezAnn			
Street Address 121 Railroad Avenue		Street Address 121 Railroad Avenue			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Ann E. Walter		Treasurer Name Brittnie West			
Street Address 505 W Shore Rd, Apt 105		Street Address 2026 New London Turnpike			
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
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 Linda Mancini		Director Name Tammy Stahlbush			
Street Address 121 Railroad Avenue		Street Address 116 Potowomot Road			
City Saunderstown	State RI	Zip 02874	City East Greenwich	State RI	Zip 02818
Director Name Brittnie West		Director Name			
Street Address 2026 New London Turnpike		Street Address			
City Coventry	State RI	Zip 02816	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Ann E. Walter				Date 06/01/2024	
Signature of Officer/Authorized Representative <i>Ann E. Walter, Secretary</i>					

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