



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

FILED
JAN 21 2025
BY 1376

1. Entity ID Number <u>797410</u>		2. Exact name of the Corporation <u>Rhode Island Equestrian Championships</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>An annual two day equestrian event that has existed since 1980.</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>82 High St</u>		City <u>Ashaway</u>	State <u>RI</u> Zip <u>02804</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Ann Dotoli</u>		Vice-President Name <u>Jessica Roberts</u>	
Street Address <u>1470 Putnam Pike</u>		Street Address <u>16 Rhodes St.</u>	
City <u>Chepachet</u>	State <u>RI</u>	City <u>Plainville</u>	State <u>MA</u> Zip <u>02762</u>
Secretary Name <u>Elizabeth Vars</u>		Treasurer Name <u>Elizabeth Vars</u>	
Street Address <u>82 High St.</u>		Street Address <u>82 High St.</u>	
City <u>Ashaway</u>	State <u>RI</u>	City <u>Ashaway</u>	State <u>RI</u> Zip <u>02804</u>
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 <u>Samantha Craig</u>		Director Name <u>Tara Orton</u>	
Street Address <u>40 Collins Rd.</u>		Street Address <u>130 Arbutus Trail</u>	
City <u>Ashaway</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
Director Name <u>Ashley McDonald-Beys</u>		Director Name	
Street Address <u>32 Buoy St.</u>		Street Address	
City <u>Jamestown</u>	State <u>RI</u>	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 <u>Elizabeth A. Vars</u>			Date <u>1-14-2025</u>
Signature of Officer/Authorized Representative <u>Elizabeth A. Vars</u>			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov