



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

MAR 04 2025

STAMP

RECEIVED
MAR 04 2025
BUSINESS SERVICES DIVISION

CBY BY 1001

1. Entity ID Number 000066899		2. Exact name of the Corporation Southern New England Carriage Driving Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Foster and encourage horse related activities			
4. NAICS Code 813312					
6. Principal Office Address 86 Foster Center Rd			City Foster	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Barnes			Vice-President Name Michelle Roy		
Street Address 244 West Main Street			Street Address 37 Slater Street		
City Westboro	State MA	Zip 01581	City Webster	State MA	Zip 01570
Secretary Name Rheanna Lanois			Treasurer Name Judy Zimmer		
Street Address 11 Elm Street			Street Address 128 Wawecus Hill Road		
City Chelmsford	State MA	Zip 01824	City Norwich	State CT	Zip 06360
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 Kelly Pesek			Director Name Bonnie Jean		
Street Address 13 Old Colony Road			Street Address 236 Blackmer Road		
City Weston	State MA	Zip 02493	City Southbridge	State CT	Zip 01550
Director Name Michelle Dubois			Director Name		
Street Address 873 Hill Road			Street Address		
City Boxborough	State MA	Zip 01719	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Judy Zimmer				Date 2/28/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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