



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.

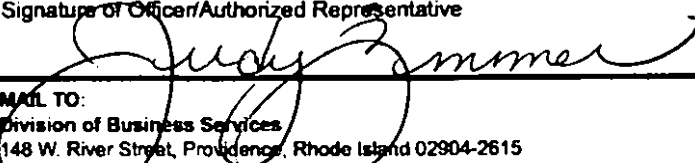
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NOTARY PUBLIC  
USE ONLY

CB BY 1001

1. Entity ID Number <b>000066899</b>		2. Exact name of the Corporation <b>Southern New England Carriage Driving Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Foster and encourage horse related activities</b>			
4. NAICS Code <b>813312</b>					
6. Principal Office Address <b>86 Foster Center Rd</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lisa Barnes</b>			Vice-President Name <b>Michelle Roy</b>		
Street Address <b>244 West Main Street</b>			Street Address <b>37 Slater Street</b>		
City <b>Westboro</b>	State <b>MA</b>	Zip <b>01581</b>	City <b>Webster</b>	State <b>MA</b>	Zip <b>01570</b>
Secretary Name <b>Rheanna Lanois</b>			Treasurer Name <b>Judy Zimmer</b>		
Street Address <b>11 Elm Street</b>			Street Address <b>128 Wawecus Hill Road</b>		
City <b>Chelmsford</b>	State <b>MA</b>	Zip <b>01824</b>	City <b>Norwich</b>	State <b>CT</b>	Zip <b>06360</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kelly Pesek</b>			Director Name <b>Bonnie Jean</b>		
Street Address <b>13 Old Colony Road</b>			Street Address <b>236 Blackmer Road</b>		
City <b>Weston</b>	State <b>MA</b>	Zip <b>02493</b>	City <b>Southbridge</b>	State <b>CT</b>	Zip <b>01550</b>
Director Name <b>Michelle Dubois</b>			Director Name		
Street Address <b>873 Hill Road</b>			Street Address		
City <b>Boxborough</b>	State <b>MA</b>	Zip <b>01719</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Judy Zimmer</b>					Date <b>2/28/2025</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)