

## 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.					<del></del>	
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation				
000986579	Gaits of I	Gaits of Harmony Therapeutic Riding Inc				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Mission is to empower participants with special need through interactive					
4. NAICS Code	engageme	engagement with horses. We offer children and adults with disabilities				
621340	animal ass	sisted activities	that help actualize pers	sonal goals.		
6. Principal Office Address			City	State	Zip	
45 Woody Hill Road			Hope Valley	RI	02832	
7. List ALL officers (names and a			Ct	neck the box to indicate a	n attachment	
President Name Kenneth Green			Vice-President Name none			
Street Address 75 Samoset Street			Street Address			
City Plymouth	State MA	<sup>Zip</sup> 02360	City	State	Zip	
Secretary Name Karen Pailthorpe			Treasurer Name Cathy Capalbo			
Street Address 4 Babcock Street			Street Address 45 Woody Hill Road			
City West Warwick	State RI	<sup>Zip</sup> 02893	City Hope Valley	State RI	Zip 02832	
8. List ALL directors (names and	addresses). RI C	orporations MUST I		heck the box to indicate	an attachment 🗸	
Director Name Kenneth Green			Director Name Cathy Capalbo			
Street Address 75 Samoset Street			Street Address 45 Woody Hill Road			
<sup>C'ty</sup> Plymouth	State MA	<sup>Zip</sup> 02360	City Hope Valley	State RI	Zip 02832	
Director Name Karen Pailthorpe			Director Name Nina Havelka			
Street Address 4 Babcock Street			Street Address 200 Cedar Point Drive #202			
<sup>City</sup> West Warwick	State RI	<sup>Zıp</sup> 02893	City Blacksburg	State VA	Zip 24060	
9. The Registered Agent informat	tion of record with	the RI Department	t of State is accurate. Changes	require filing Form 64	1.	
Under penalty of perjury, I decistatements, and that all statem				eccompanying sched	lules and	
This report must be signed by either the P.		nt, Secretary. Assistant S	Secretary, Treasurer, duly Authorized Roj		istee.	
Name of Officer/Authorized Representative				Date FILED	Date FILED	
Cathy A. Capalbo				April 8, 2	April 8, 2025	
Signature of Officer/Authorized R		Boar	2 Treasure	APR <b>0 9</b> 2025		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



Attachment: Non-Profit Corporation Annual Report for the Year 2025

Corporation: Gaits of Harmony Therapeutic Riding Inc

Entity ID #: 00986579

## **Additional Directors Names and Addresses:**

Elizabeth Santilli 152 Whaley Field Road Jacksonville, NC 28540