

1.) CORPORATION NAME:

**Loudoun Therapeutic Riding Foundation, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KATHLEEN GIUSTI  
LOUDOUN THERAPEUTIC RIDING FOUNDATION  
41793 TUTT LN**

SCC ID NO: **01537711**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**LEESBURG, VA 20176**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 41793 TUTT LN

CITY/ST/ZIP: LEESBURG, VA 20176

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHRISTOPHER CHAMBLIN TITLE: TREASURER ADDRESS: 1511 SHIELDS TER. CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA GEYER TITLE: DIRECTOR ADDRESS: 39466 MEADOWLARK DR. CITY/ST/ZIP/CO: HAMILTON, VA 20158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOANNE HART TITLE: DIRECTOR ADDRESS: 807 WOODFIELD TER. CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BONNIE SEWELL TITLE: PRESIDENT ADDRESS: 25038 MINERALSPRINGS CIR CITY/ST/ZIP/CO: ALDIE, VA 20105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Leslie Davidson TITLE: DIRECTOR ADDRESS: 9001 Jackson lane CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rita Kaseman TITLE: DIRECTOR ADDRESS: 18688 Riverlook Ct. CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: David Kaseman TITLE: DIRECTOR ADDRESS: 18688 Riverlook Ct. CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Donna Martin TITLE: DIRECTOR ADDRESS: 6418 Glebe Way CITY/ST/ZIP/CO: Culpeper, VA 22701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Susan McMunn TITLE: DIRECTOR ADDRESS: 40936 Spectacular Bid Place CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Susan Pierce TITLE: DIRECTOR ADDRESS: 43468 Castle Harbor Terrace CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<b>I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.</b>		
/s/ JOANNE HART	JOANNE HART, DIRECTOR	7/31/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		