

1.) CORPORATION NAME:

Loudoun Therapeutic Riding Foundation, Inc.

DUE DATE: **7/31/2013**

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
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LEESBURG, VA

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: BONNIE SEWELL TITLE: PRESIDENT ADDRESS: 42068 Bear Tooth Drive CITY/ST/ZIP/CO: Stone Ridge, VA 20105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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: 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: 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: 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
NAME: Sheryl Martin TITLE: DIRECTOR ADDRESS: 17290 Quail Creek Circle CITY/ST/ZIP/CO: Hamilton, VA 20158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Katy Tyrell-Yoder TITLE: DIRECTOR ADDRESS: 16 Liberty Street SW CITY/ST/ZIP/CO: Leesburg, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Julie Doiron TITLE: SECRETARY ADDRESS: 916 Rhonda Place SE CITY/ST/ZIP/CO: Leesburg, VA 20175	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rick Tracy TITLE: DIRECTOR ADDRESS: 41914 Tutt Lane CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jody Ruth TITLE: DIRECTOR ADDRESS: 14526 Chapel Lane CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.		
/s/ JOANNE HART	JOANNE HART, DIRECTOR	6/25/2013
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.		