

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213558513

1.) CORPORATION NAME:

Rainbow Center, 4-H Therapeutic Equestrian Program, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DEBORAH CARTER
PRINCE WILLIAM COOP. EXTENSION
8033 ASHTON AVE., STE. 105**

SCC ID NO: **02650323**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MANASSAS, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8033 ASHTON AVE STE 105

CITY/ST/ZIP: MANASSAS, VA 22110

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:	LAURIE OLIVIERI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9526 COBBLER RIDGE RD		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	MARILYN GRIZZARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9749 NEWMAN CT		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

NAME:	ROBERT FINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10159 WOODBURY DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		

NAME:	DEBORAH CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12847 RANNOCH FOREST CR		
CITY/ST/ZIP/CO:	BRISTOW, VA 20136		

NAME:	KEITH MURRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9380 WEATHERSFIELD DRIVE		
CITY/ST/ZIP/CO:	BRISTOW, VA 20136		

NAME:	Kim Riddle	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6072 Dunnbrook Terrace		
CITY/ST/ZIP/CO:	Haymarket, VA 20169		

NAME: Ron Knecht TITLE: DIRECTOR ADDRESS: 11813 Colvin Lane CITY/ST/ZIP/CO: Nokesville, VA 20181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Andrew Cibula TITLE: DIRECTOR ADDRESS: 3107 Trenholm Drive CITY/ST/ZIP/CO: Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Debra Andrew TITLE: DIRECTOR ADDRESS: 12000 Mente Road CITY/ST/ZIP/CO: Manassas, VA 20111	<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/ DEBORAH CARTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORAH CARTER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/4/2013 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.		