

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211521018

1.) CORPORATION NAME:

**SPROUT THERAPEUTIC RIDING AND EDUCATION
CENTER, INC.**

DUE DATE: **6/30/2011**

SCC ID NO: **07248370**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
BROOKE A WALDRON
40685 MOSBY HWY
ALDIE, VA 20105**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40685 JOHN MOSBY HIGHWAY

CITY/ST/ZIP: ALDIE, VA 20105-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARGARET RICHARDSON	
TITLE:	SECRETARY	
ADDRESS:	3501 VALLEY ST	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BROOKE A WALDRON	
TITLE:	PRES/TREAS	
ADDRESS:	40685 MOSBY HWY	
CITY/ST/ZIP/CO:	ALDIE, VA 20105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NINA BACAS	
TITLE:	VICE PRESIDENT	
ADDRESS:	3408 NORTH VENICE ST	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207-	

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/ BROOKE A WALDRON
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

BROOKE A WALDRON,
PRES/TREAS
PRINTED NAME AND CORPORATE
TITLE

9/12/2011
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.