

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 401.22
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subj

to a penalty fee of \$25.00.			- us usuali sport to the in the	ome prescribed by and (R.	i.G.L. /-0-91) is subject
1. Corporate ID No. 32197	2. Name of Corporation	Tändem Ral	ly Try		
3. State of Incorporation		bode Island - Street Address	19,200		·····
Rhode Island	· -	olay Drive		No. Kingstown	02852-560
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of	of the affairs which are act	ually conducted in Rhode Isla	lnd		<u> </u>
			cycle Riding		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT)   FILL IN SPACES I	BEFORE USING ATTACH	MENTS
President Name Malcolm Boyd			Vice President Name ROSS Glasgow		
Street Address E. Centennial Drive			Street Address 14904 Nashua lanc		
	State NJ	08055	Bowice	State MD	20716
Secretary Name Albin Berzinis			Treasurer Name Susan Berzinis		
street Address 99 Bender Lane			Street Address Bender Lane		
City Delmar	State	12054	Delmar	State LiJ	#12054
8. NAMES AND ADDRESSES			· · · · · · · · · · · · · · · ·	BEFORE USING ATTACH	
THE NUMBER OF DIRECTO	RS OF A DOMESTIC	(RHODE ISLAND) CO	ORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Don Engleke			Director Name Dan McKec		
Street Address 208 FIFTH AVE.			Street Address 52 Tennyson Rd.		
Bradley Beach	State NJ	<sup>Zip</sup> 01120	Reading	State MA	<sup>Zip</sup> 01867
Director Name Cathy Hyatt			Director Name KIM Gycen		
3813 Lake Blvd			Street Address Duke St.		
City Annandalı 9. registered agent in R	State VA HODE ISLAND - DO	22003	City Alexandina s require filing of Form 6	State V A 41 - R.I.G.L. 7-6-13 / 7-	<sup>Zip</sup> 22314
1			Address 63 Barolay Prive		
Address			North Kingston		52
This report must b	e signed by either the	President, Vice President	ent, Secretary, Assistant Secr		70000

File Date	
Check No. JUN 6 2 2008	
* BV 1093	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and aff	firm that I have examined this
report, including any accompanying schedu	les and statements, and that all
statements contained herein are true and co	rrect.
<u> </u>	5/26/08
Signature of Office	/ <sub>Date</sub>
Signature of Office A. BOD	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	