



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31264		2. Exact name of the Corporation RHODY ROVERS MOTORCYCLE CLUB, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Promote the sport of motorcycling			
5. Principal office address P.O. Box 537		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael Caporelli		Vice-President Name Paul Hart			
Street Address 410 Gravelly Hill Road		Street Address 57 Clubhouse Road			
City Wakefield	State RI	Zip 02879	City Coventry	State RI	Zip 02816
Secretary Name Paul Hart		Treasurer Name Dean M. Huff, Jr.			
Street Address 57 Clubhouse Road		Street Address P.O. Box 110			
City Coventry	State RI	Zip 02816	City Hope	State RI	Zip 02831
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO. LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name J. Paul Clough		Director Name Michael Caporelli			
Street Address 110 Austin Street		Street Address 410 Gravelly Hill Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Paul Hart		Director Name Dean M. Huff, Jr.			
Street Address 57 Clubhouse Road		Street Address P.O. Box 110			
City Coventry	State RI	Zip 02816	City Hope	State RI	Zip 02831
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 2012

BY 2577

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Dean M. Huff, Jr. 6/20/12
 Signature of Officer Date

Dean M. Huff, Jr.

Print or Type Name of Officer

Treasurer

Title of Officer