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.	2. Exact name of the Corporation
31264	RHODY ROVERS MOTORCYCLE CLUB, INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	To Promote the sport of motorcycling

5. Principal office address	City	State	Zip
P.O. Box 537	Coventry	RI	02816

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Michael Caporelli			Paul Hart		
Street Address			Street Address		
410 Gravelly Hill Road			57 Clubhouse Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Coventry	RI	02816
Secretary Name			Treasurer Name		
Paul Hart			Dean M. Huff, Jr.		
Street Address			Street Address		
57 Clubhouse Road			P.O. Box 110		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Hope	RI	02831

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
J. Paul Clough			Michael Caporelli		
Street Address			Street Address		
110 Austin Street			410 Gravelly Hill Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Director Name			Director Name		
Paul Hart			Dean M. Huff, Jr.		
Street Address			Street Address		
57 Clubhouse Road			P.O. Box 110		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Hope	RI	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.

Signature of Officer — Date: 6/20/12

Dean M. Huff, Jr.
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012