



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 2011

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. 118412		2. Exact name of the Corporation The Rhode Island Bicycle Coalition			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to act as an advocate for recreational greenways in Rhode Island			
5. Principal office address P.O. Box 2454			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Matthew Moritz			Vice-President Name Barry Schiller		
Street Address 29 Burlington Street			Street Address 76 Sunset Avenue		
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02911
Secretary Name Lizabeth Bourret			Treasurer Name Sue L. Barker		
Street Address 110 Orchard Meadow Drive			Street Address 31 Stanchion Street		
City Smithfield	State RI	Zip 02896	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Mark Dieterich			Director Name Eric Weis		
Street Address 23 Naomi Street			Street Address 31 Oriole Avenue		
City Briston	State RI	Zip 02809	City Providence	State RI	Zip 02906
Director Name Leo Corrigan			Director Name Sue Barker		
Street Address 9 Vivian Avenue			Street Address 31 Stanchion Street		
City Pawtucket	State RI	Zip 02860	City Jamestown	State RI	Zip 02835
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

FILED

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.

JUN 21 2012

Sue L. Barker 6/19/2012
 Signature of Officer Date

119

Sue L. Barker

Print or Type Name of Officer

Treasurer

Title of Officer

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

The Rhode Island Bicycle Coalition Board of Directors (continued)

Matthew Moritz
29 Burlington Street
Providence, RI 02906

Lizabeth Bourret
110 Orchard Meadow Drive
Smithfield, RI 02896

Barry Schiller
76 Sunset Avenue
North Providence, RI 02911

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JUN 21 2017

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