



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.

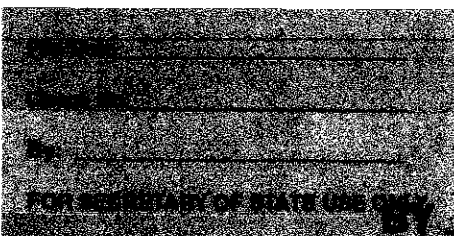
Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000733263		2. Exact name of the Corporation BIKE NEWPORT			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO IMPROVE, ENCOURAGE AND FACILITATE BICYCLING IN & AROUND NEWPORT FOR THE HEALTH + WELL-BEING OF OUR YOUTH + FAMILIES AND AS A VIABLE TRANSPORTATION OPTION FOR RESIDENTS + VISITORS			
5. Principal office address 18 MARKET SQUARE		City NEWPORT	State RI	Zip 02840	
President Name DEANNA CONTEENY CASEY			Vice-President Name STEVEN HEATH		
Street Address 55 HAMMOND ST			Street Address 87 COLUMBIA AVE		
City NEWPORT	State RI	Zip 02840	City JAMESTOWN	State RI	Zip 02835
Secretary Name CHRISTINA ERWIN			Treasurer Name BRIAN HENNESSEY		
Street Address 148 KING ROAD			Street Address 20 KAY STREET		
City TIVERTON	State RI	Zip 02878	City NEWPORT	State RI	Zip 02840
6. List the names and addresses of all directors and officers of the corporation. List no less than three (3) directors and officers of the corporation.					
Director Name ALLISON McNALLY			Director Name LAURA MURPHY		
Street Address 13 KEEHER AVE			Street Address 127 BEACON ST		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name TINA DOLEN			Director Name		
Street Address 58 WASHINGTON ST., UNIT 4			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip

2013 JAN 14
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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



JAN 14 2013

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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.

Deanna Conteeny Casey
 Signature of Officer

1/11/13
 Date

DEANNA CONTEENY CASEY
 Print or Type Name of Officer

PRESIDENT
 Title of Officer