State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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 subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000573647

2. Name of Corporation US Veterans Motorcycle Club Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 29 ARMENTO STREET, UNIT C & D
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

WE ARE A VETERANS CLUB DEDICATED TO HELPING VETERANS AND VETERANS CAUSES. TO RAISE AWARENESS FOR VETERANS PAST, PRESENT AND FUTURE. TO ASSIST WHERE AND WHEN ABLE BY RAISING FUNDS THROUGH EVENTS SPONSORED BY US VETERANS MOTORCYCLE CLUB INC.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MIKE LAMOUREUX	39 HOBSON AVENUE NORTH PROVIDENCE, RI 02911 USA

DIRECTOR	JIM MILLER	94 CLYDE AVENUE EAST PROVIDENCE, RI 02974 USA
DIRECTOR	NEIL NICKOLSON	51 NORTON AVE CRANSTON, RI 02920 USA
DIRECTOR	PAUL CHOINIERE	27 PORTLAND ST MANVILLE, RI 02838 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MIKE LAMOUREUX 29 ARMENTO STREET, UNIT C & D JOHNSTON , RI 02919

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of June, 2014 at 4:05:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MIKE LAMOUREUX
Signature of Authorized Person

Form No. 631
Revised 09/07