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**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

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

**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 |
|---|---|
| 121771 | NEW ENGLAND TRIALS ASSOCIATION (NETA) |
| 3. State of Incorporation: RI | 4. Brief description of the character of business conducted in Rhode Island: TO PROVIDE ADMINISTRATIVE SERVICES TO THE MEMBERS OF THE ASSOCIATION WHICH RELATE TO THE NETA YEARLY MOTORCYCLE OBSERVED TRIALS CHAMPIONSHIP |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 25 PRISTINE DR | CUMBERLAND | RI | 02864 |

| President Name | Vice-President Name |
|---|---|
| CHARLES GRAY | SAM SINGER |
| Street Address: 16 REUTEMANN Rd | Street Address: 5 CRANBERRY DR |
| City: No STONINGTON State: CT Zip: 06359 | City: UNCASVILLE State: CT Zip: 06382 |
| **Secretary Name:** JASON THIBODEAU | **Treasurer Name:** ROGER DURNO |
| Street Address: | Street Address: 4 BONNIE BRAE DR |
| City: State: Zip: | City: NEWTOWN State: CT Zip: 06470 |

**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 |
|---|---|
| CHARLES GRAY | SAM SINGER |
| Street Address: 16 REUTEMANN Rd | Street Address: 5 CRANBERRY DR |
| City: N. STONINGTON State: CT Zip: 06359 | City: UNCASVILLE State: CT Zip: 06382 |
| **Director Name:** | **Director Name:** ROGER DURNO |
| Street Address: | Street Address: 4 BONNIE BRAE DR |
| City: State: Zip: | City: NEWTOWN State: CT Zip: 06470 |

**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, duly Authorized Representative, Receiver or Trustee*

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**FILED**
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File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY By: KM

**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.**

CHE 7-18-14
Signature of Officer or Authorized Representative Date

CHARLES E. GRAY
Print or Type Name of Officer or Authorized Representative

2014 AUG -4 AM 11:04 SECRETARY OF STATE CORPORATIONS DIV

2014 JUL 23 A 9:29 SECRETARY OF STATE

Form No. 631
Revised: 04/2014

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