



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 2015

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.

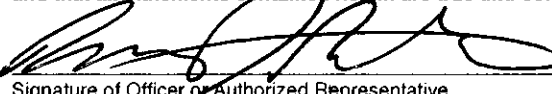
1. Entity ID No. 91567		2. Exact name of the Corporation Seven Sins MC Johnston, RI	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To promote safe and sane motorcycle riding on the road and help raise money for charity when needed	
5. Principal office address one Victoria Mount st		City Johnston	State RI
		Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Aaron Tanson		Vice-President Name Brian Brietzke	
Street Address one Victoria Mount st		Street Address one Victoria Mount st	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Richard Derobbia		Treasurer Name Shane Hodges	
Street Address one Victoria Mount st		Street Address one Victoria Mount st	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Richard Willard		Director Name Peter Oliver	
Street Address one Victoria Mount st		Street Address one Victoria Mount st	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Richard Dellefemine		Director Name Charles Yaghoobian	
Street Address one Victoria Mount st		Street Address one Victoria Mount st	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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

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

FILED
MAY 28 2015

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 or Authorized Representative
Date **5-25-15**
Brian Brietzke VP
Print or Type Name of Officer or Authorized Representative