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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 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.	2. Exact name of the Corporation
91567	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 motorcycling on the Road and help raise money for Charity when Needed

5. Principal office address	City	State	Zip
One Victoria Mount st	Johnston	RI	02919

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Aaron Jonson	One Victoria Mount st	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Brian Brietzke	One Victoria Mount st	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Richard Derobbio	One Victoria Mount st	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Shane Hodges	One Victoria Mount st	Johnston	RI	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	Street Address	City	State	Zip
Richard Willard	One Victoria Mount st	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Peter Oliver	One Victoria Mount st	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Richard Dellefemine	One Victoria Mount st	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Charles Yaghoobian	One Victoria Mount st	Johnston	RI	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
BY 14534

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.

5-25-15
Signature of Officer or Authorized Representative — Date

Brian Brietzke VP
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121292-6-1034604