



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: 2015

1. Corporate ID No. 000144558

2. Name of Corporation R.I. MOTORCYCLE EDUCATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 40344

City or Town: PROVIDENCE

State: RI

Zip: 02940

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

SUPPORTING AND PROMOTING MOTORCYCLE SAFETY FOR ALL PERSONS WHO ARE OR MAY BECOME MOTORCYCLE ENTHUSIASTS, PARTICULARLY MINOR CHILDREN

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KRISTIN JAMISON	195 MODENA AVE PROVIDENCE, RI 02908 USA
TREASURER	DAVID MARTINELLI	389 MAIN ST. PAWTUCKET, RI 02860 USA

SECRETARY	JOHN BIGELOW	PO BOX 61 CAROLINA, RI 02812 USA
VICE PRESIDENT	PAUL BOND	HOBART ST. WESTERLY, RI 02891 USA
DIRECTOR	KRISTIN JAMISON	195 MODENA AVE PROVIDENCE, RI 02908 USA
DIRECTOR	BUD CARDOSO	74 EARL AVE RIVERSIDE, RI 02915 USA
DIRECTOR	ANTHONY MONTEFUSCO	PO BOX 71 CHEPACHET, RI 02814 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

BUD CARDOSO 74 EARL AVE RIVERSIDE , RI 02915

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

Signed this 8 Day of June, 2015 at 8:48:00 AM 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 KRISTIN JAMISON
Signature of Authorized Person

Form No. 631
Revised 09/07

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