RI SOS Filing Number: 201564075930 Date: 06/30/2015 5:38 PM

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

Foreign Non-Profit 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. 000159292

2. Name of Corporation Motorcycle Safety Foundation, Inc.

3. State of Incorporation

State: DC

4. Corporate Address in Rhode Island

No. and Street: 155 SOUTH MAIN ST.
SUITE 301
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 2 JENNER
STE 150
City or Town: IRVINE State: CA Zip: 92618 Country: USA

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

TO FOSTER AND PROMOTE THE SAFE AND RESPONSIBLE USE OF MOTORCYCLES IN THE USA

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIM BUCHE	2 JENNER STREET, SUITE 150 IRVINE, CA 92618- USA
VICE PRESIDENT	JOSEPH DICORPO	2 JENNER, STE 150 IRVINE, CA 92618 USA
DIRECTOR	ROBERT ALSIP	3251 E IMPERIAL HWY BREA, CA 92821 USA

0-5730-0

DIRECTOR	STEVE PIEHL	3700 W JUNEAU AVENUE MILWAUKEE, WI 53208 USA
DIRECTOR	RUSS BRENAN	9950 JERONIMO RD IRVINE, CA 92618 USA
DIRECTOR	JOSEPH DAGLEY	6555 KATELLA AVE CYPRESS, CA 90630 USA
DIRECTOR	PAUL VITRANO	1999 K STREET NW WASHINGTON , DC 20006 USA
DIRECTOR	GARY MARTINI	1919 TORRANCE BLVD TORRANCE, CA 90501 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 30 Day of June, 2015 at 5:41:02 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 JOSEPH DICORPO
Signature of Authorized Person

Form No. 631
Revised 09/07