



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. 000796366

2. Name of Corporation Triathlon Club of New England

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 22 PARK AVE

City or Town: COVENTRY State: RI Zip: 02816 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

THE GENERAL CHARACTER OF THE CORPORATION IS A RECREATION CLUB, AND TO ENGAGE IN ANY OTHER LAWFUL BUSINESS PERMITTED UNDER THE ACT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KEVAN THOMAS HAUVER	22 PARK AVE COVENTRY, RI 02816 USA
TREASURER	NORINE COURTEMANCHE	24 BECKER AVE JOHNSTON, RI 02919 USA

SECRETARY	JILL NOELLE LIZOTTE	22 PARK AVE COVENTRY, RI 02816 USA
VICE PRESIDENT	JOHN CULLINANE	7 FAIRSIDE DR RICHMOND, RI 02812 USA
DIRECTOR	AMY FARAONE	30 LEEDHAM ST ATTLEBORO, MA 02703 USA
DIRECTOR	MATTHEW HATCH	41 EWING CT WARWICK, RI 02889 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**

TYLER T. RAY, ESQ. ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE , RI 02903

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

Signed this 20 Day of July, 2015 at 11:13:29 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 KEVAN HAUVER
Signature of Authorized Person

Form No. 631
Revised 09/07