



**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. 000550028

2. Name of Corporation RhodyMGs

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 330 WATERMAN AVE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

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

TO ENCOURAGE THE ENJOYMENT AND PRESERVATION OF MG MOTOR CARS
THROUGH SOCIAL INTERACTION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOSEPH F MANZI JR	200 BATEMAN AVE CRANSTON, RI 02920 USA
TREASURER	SAMANTHA LYNNE GOVEY	187 DON AVE RUMFORD, RI 02916 USA

SECRETARY	SAMANTHA LYNNE GOVEY	187 DON AVE RUMFORD, RI 02916 USA
VICE PRESIDENT	JAMES EGAN	3 HARMAN AVE SEEKONK, MA 02771 USA
DIRECTOR	CHRIS FRAGOMENI	108 WATERMAN AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	NATE ALMEIDA	21 EAST TRANSIT ST PROVIDENCE, RI 02906 USA
DIRECTOR	JEREMY SAVAGE	138 TRANSIT ST PROVIDENCE, RI 02903 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**

RALPH M. KINDER, ESQ. 155 SOUTH MAIN STREET, SUITE 300 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 21 Day of December, 2015 at 10:10:52 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 SAMANTHA L GOVEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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