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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 2016

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
000121771	New England Trials Association (NETA)
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To provide administrative services to the members of the Association which relate to the NETA yearly motorcycle Observed Trials Championship.

5. Principal office address	City	State	Zip
164 Bear Hill Road Unit 8	Cumberland	RI	02864

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

President Name	Street Address	City	State	Zip
Zachery Hagerman	46 Perry Avenue	Norwich	CT	06360

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Bo Mostowy	4 Burdick Avenue Apt 2	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
Tim Thorp	164 Bear Hill Road Unit 8	Cumberland	RI	02864Bo

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
Bob Poetzsch	42 Burlington Road	Unionville	CT	06085

Director Name	Street Address	City	State	Zip
Bo Mostowy	4 Burdick Avenue Apt 2	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Tim Thorp	164 Bear Hill Road, Unit 8	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip

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

FILED
APR 04 2016
175 DS

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative — Date

Zachery Hagerman
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
134878-1-1117746