



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. 98359		2. Exact name of the Corporation The International CBX Owners Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provides educational and preservation material to owners of Honda CBX motorcycles			
5. Principal office address 153 Kristin Court		City Westerville	State OH	Zip 43081	
LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Jan Ringnalda		Vice-President Name None			
Street Address 10485 Duncan Plains Road		Street Address			
City Johnstown	State OH	Zip 43031	City	State	Zip
Secretary Name Mike Simon		Treasurer Name Patricia DiPietro			
Street Address 2968 Nationwide Parkway		Street Address 153 Kristin Court			
City Brunswick	State OH	Zip 44212	City Westerville	State OH	Zip 43081
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name John Davis		Director Name Rick Pope			
Street Address 416 Hillside Drive		Street Address 1677 Fieldcrest Drive			
City Chanute	State KS	Zip 66720	City Lawrenceburg	State IN	Zip 47025
Director Name Nils Menten		Director Name None			
Street Address 164 Twilight Lane		Street Address			
City Santa Cruz	State CA	Zip 95060	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

File Date
 Check No.
 By
 FOR SECRETARY OF STATE USE ONLY BY HL 1010

FILED
 APR 26 2016

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.

Patricia S. DiPietro
 Signature of Officer or Authorized Representative
 Date 4/20/16
 April 20, 2016

Patricia DiPietro
 Print or Type Name of Officer or Authorized Representative