



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: 2016

1. Corporate ID No. 000089543

2. Name of Corporation Ocean State Bike Path Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 51 COLE STREET

City or Town: WARREN

State: RI

Zip: 02885

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 PROMOTE BICYCLE SAFETY AND PROPER USE OF THE EAST BAYBIKE PATH.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	PAULINE MASSED	34 CAMPBELL STREET WARREN, RI 02885 USA
SECRETARY	STEPEHEN PREW	15 PROMENADE STREET EAST PROVIDENCE, RI 02915 USA
PRESIDENT	ARTHUR R LELAND	51 COLE STREET

		WARREN, RI 02885- USA
VICE PRESIDENT	BRIAN ADAE	416 NORTH LANE BRISTOL, RI 02809 USA
DIRECTOR	JOE BULLARD	89 EARLE AVENUE RIVERSIDE, RI 02915 USA
DIRECTOR	RACHAEL K. PIERCE	96 WALNUT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	DAVID LOREN	34 CAMPBELL STREET WARREN, RI 02885 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

PAULINE MASSED 34 CAMPBELL STREET WARREN , RI 02885

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

Signed this 9 Day of June, 2016 at 3:44:01 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 PAULINE MASSED
Signature of Authorized Person

Form No. 631
Revised 09/07

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