



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 572775		2. Exact name of the Corporation NORTHEAST MASTERS CYCLING ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY TO FOSTER, CONDUCT AND SEEK ADVANCEMENT OF AMATEUR			
5. Principal Office Address 122 TOURO STREET		City NEWPORT	State RI	Zip 02840	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MITCHELL R. FAVREAU			Vice-President Name DAVID REED		
Street Address 18 BANK STREET			Street Address 22 SURREY LANE		
City MYSTIC	State CT	Zip 06355	City NIANTIC	State CT	Zip 06357
Secretary Name JUNE FROH			Treasurer Name GRACE VANDAL		
Street Address 160 LANTERN HILL			Street Address 41 BRUGGEMAN PLACE		
City MYSTIC	State CT	Zip 06355	City MYSTIC	State CT	Zip 06355
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BARBARA LAGANA			Director Name REID HANFORD		
Street Address 94 SOUTH EDGEWOOD ROAD			Street Address 7 JOHNNYCAKE LANE		
City NIANTIC	State CT	Zip 06357	City IVORYTON	State CT	Zip 06442
Director Name DAVID BURNETT			Director Name		
Street Address 22 HUNTINGTON LANE			Street Address		
City NORWICH	State CT	Zip 06360	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MITCHELL R. FAVREAU				Date 6/7/16	
Signature of Officer/Authorized Representative <i>MITCHELL R. FAVREAU</i> SIGN DOCUMENT HERE					

FILED

JUN 13 2016

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