



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. 000733263

2. Name of Corporation BIKE NEWPORT

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 29 SPRING STREET

City or Town: NEWPORT

State: RI

Zip: 02840

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 AND IMPROVE BICYCLING IN NEWPORT

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DAWN EUER	34A BLISS ROAD NEWPORT, RI 02840 USA
VICE PRESIDENT	PETER HARTY	30 BREWER ST NEWPORT, RI 02840 USA
SECRETARY	LAURA MURPHY	127 BEACON ST

		NEWPORT, RI 02840 USA
TREASURER	DON JAGOE	20 WINANS AVE NEWPORT, RI 02840 USA
DIRECTOR	SARAH WHITEHOUSE ATKINS	201 CARROLL AVE NEWPORT, RI 02840 USA
DIRECTOR	MARC BRAUNSTEIN	18 GREENOUGH PL NEWPORT, RI 02840 USA
DIRECTOR	RENEE KAMINITZ	336 COMPTON VIEW DR MIDDLETOWN, RI 02840 USA
DIRECTOR	ALLISON MCNALLY	13 KEEHER AVE NEWPORT, RI 02840 USA
DIRECTOR	JAMES RYAN	7 DRESSER ST NEWPORT, RI 02840 USA
DIRECTOR	CHIP YOUNG	57 NARRAGANSETT AVE - 3 WEST JAMESTOWN, RI 02385 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**

BARI FREEMAN 29 SPRING STREET NEWPORT , RI 02840

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

Signed this 23 Day of June, 2016 at 10:42:57 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 BARI FREEMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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