RI SOS Filing Number: 201600990900 Date: 06/23/2016 4:00 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

FILED
JUN 23 2016
BY 31261

1. Entity ID Number	2. Exact name of the Corporation
31264	**RHODY ROVERS MOTORCYCLE CLUB, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**to promote the sport of motorcycling**

5. Principal Office Address	City	State	Zip
P.O. Box 537	**Coventry**	**RI**	**02816**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Neil Adler**			Vice-President Name **Bill Newcomb**		
Street Address **41 Tarkin Rd.**			Street Address **671 Washington Street**		
City **Chepachet**	State **RI**	Zip **02814**	City **Coventry**	State **RI**	Zip **02816**
Secretary Name **Scott Tucker**			Treasurer Name **Jake Greene**		
Street Address **206 Vineyard Rd.**			Street Address **187 James Trail**		
City **Warwick**	State **RI**	Zip **02889**	City **Richmond**	State **RI**	Zip **02892**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Neil Adler**			Director Name **Bill Newcomb**		
Street Address **41 Tarkin Rd.**			Street Address **671 Washington St.**		
City **Chepachet**	State **RI**	Zip **02814**	City **Coventry**	State **RI**	Zip **02816**
Director Name **Scott Tucker**			Director Name **Jacob Greene**		
Street Address **206 Vineyard Rd.**			Street Address **187 James Trail**		
City **Warwick**	State **RI**	Zip **02889**	City **Richmond**	State **RI**	Zip **02892**

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.

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

Name of Officer/Authorized Representative	Date
Jacob Greene, Treasurer	6/21/16

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov