RI SOS Filing Number: 201610608730 Date: 10/19/2016 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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
000111106	Randonneurs USA
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	For the fostering of national or international sports competition

5. Principal Office Address	City	State	Zip
10 Bliss Mine Rd	Middletown	RI	02842

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

President Name Rob Hawks			Vice-President Name John Lee Ellis		
Street Address 5630 Santa Cruz Avenue			Street Address 3936 Dale Drive		
City Richmond	State CA	Zip 94804	City Lafayette	State CO	Zip 80026
Secretary Name Lynne Fitzsimmons			Treasurer Name Susan Otcenas		
Street Address 2905 SW 107th Avenue			Street Address 21214 NW Cannes Dr		
City Portland	State OR	Zip 97225	City Portland	State OR	Zip 97229

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

Director Name Mark Thomas			Director Name Spencer Klaassen		
Street Address 750 8th Street S			Street Address 1617 S 20th St		
City Kirkland	State WA	Zip 98033	City St Joseph	State MO	Zip 64507
Director Name Debra Banks			Director Name		
Street Address PO Box 19191			Street Address		
City Sacramento	State CA	Zip 95819	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.

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
Susan Otcenas	10/14/2016

Signature of Officer/Authorized Representative
Susan Otcenas, Treasurer 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
143283-1-1084330

FILED
OCT 19 2016
BY 1757

FORM 631 - Revised: 05/2016