



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

Annual Report for the year: **2017**

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.

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1. Entity ID Number 54802		2. Exact name of the Corporation Over the Hill Motorcycle Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fraternal Organization and Training Academy			
5. Principal Office Address 122-24 Water Street		City Warren		State RI	Zip 02885
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Armillotto			Vice-President Name Manuel Simmons		
Street Address 27 Cottage Street			Street Address 62 Leroy Drive		
City Warren	State RI	Zip 02885	City East Providence	State RI	Zip 02915
Secretary Name Ronald J Camara Jr.			Treasurer Name Manuel Simmons		
Street Address 14 Kinnicutt Avenue			Street Address See Above		
City Warren	State RI	Zip 02885	City	State	Zip
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 Michael Armillotto			Director Name Manuel Simmons		
Street Address See Above			Street Address See Above		
City	State	Zip	City	State	Zip
Director Name Ronald J Camara Jr.			Director Name		
Street Address 14 Kinnicutt Avenue			Street Address		
City Warren	State RI	Zip 02885	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 <i>Michael Armillotto Jr.</i>					Date <i>8/28/17</i>
Signature of Officer/Authorized Representative <i>Michael Armillotto Jr.</i>					

FILED

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

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BY *209832*
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FORM 631 - Revised: 02/2017