



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.

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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		5. Brief description of the character of business conducted in Rhode Island Fraternal Organization and Training Academy	
4. NAICS Code 813319			
6. Principal Office Address 122-24 Water Street		City Warren	State RI
		Zip 02885	
7. 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 St		Street Address 62 Leroy Drive	
City Warren	State RI	City E. Prov	State RI
Zip 02885		Zip 02915	
Secretary Name Ronald Camara		Treasurer Name Manuel Simmons	
Street Address 14 Kinnicott Ave		Street Address see above	
City Warren	State RI	City	State
Zip 02885		Zip	
8. 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	City	State
Zip		Zip	
Director Name Ronald Camara		Director Name	
Street Address 14 Kinnicott Ave		Street Address	
City Warren	State RI	City	State
Zip 02885		Zip	
9. 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 Michael Armillotto			Date 7-31-17
Signature of Officer/Authorized Representative Michael Armillotto			

FILED

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BY 209832

A.A. 11:33 A.M.

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

FORM 631 - Revised: 06/2017