



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>001662602</b>		2. Exact name of the Corporation <b>1 PVD Cycling</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island  <b>Nonprofit youth cycling organization.</b>	
4. NAICS Code <b>713990</b>			
6. Principal Office Address <b>481 Academy Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Edward Raff</b>		Vice-President Name <b>Thomas Bacon</b>	
Street Address <b>190 8th Street</b>		Street Address <b>1 Cherry Blossom Lane</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Coventry</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02816</b>	
Secretary Name <b>Kathryn Fairhead</b>		Treasurer Name <b>(Same as treasurer)</b>	
Street Address <b>481 Academy Ave</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02908</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Donald Green</b>		Director Name <b>Thomas Gomes</b>	
Street Address <b>481 Academy Ave</b>		Street Address <b>139 Wood Street, Apt 3</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641			
<b>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.</b>			
<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 <b>Kathryn Fairhead</b>			Date <b>02/08/2017</b>
Signature of Officer/Authorized Representative <i>Kathryn Fairhead</i> <b>FILED</b>			

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

**FILED**  
**FEB 26 2018**  
BY 152 DS