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.

1. Entity ID Number	2. Exact name of the Corporation
001662602	1 PVD Cycling
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Nonprofit youth cycling organization.
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
481 Academy Ave	Providence	RI	02908

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

President Name	Vice-President Name
Edward Raff	Thomas Bacon
Street Address: 190 8th Street	Street Address: 1 Cherry Blossom Lane
City: Providence; State: RI; Zip: 02906	City: Coventry; State: RI; Zip: 02816
Secretary Name: Kathryn Fairhead	Treasurer Name: (Same as treasurer)
Street Address: 481 Academy Ave	Street Address:
City: Providence; State: RI; Zip: 02908	City: ; State: ; Zip:

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

Director Name	Director Name
Donald Green	Thomas Gomes
Street Address: 481 Academy Ave	Street Address: 139 Wood Street, Apt 3
City: Providence; State: RI; Zip: 02908	City: Providence; State: RI; Zip: 02909
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; 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.

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
Kathryn Fairhead	02/08/2017

Signature of Officer/Authorized Representative: Kathryn Fairhead SIGN DOCUMENT HERE

FILED
FEB 26 2018
BY 1520S

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: 11/2017