



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

Annual Report for the year:
Non-Profit Corporation

2014

- 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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SECRETARY OF STATE
CORPORATIONS DIV
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1. Entity ID Number 118412		2. Exact name of the Corporation The Rhode Island Bicycle Coalition	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To act as an advocacy group for bicycling and bicycle infrastructure in RI.	
4. NAICS Code 813319			
6. Principal Office Address P.O. Box 2454		City Providence	State RI Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sarah Mitchell		Vice-President Name Melissa Jenkins	
Street Address 24 Carver St		Street Address 135 Arnold Ave	
City Pawtucket	State RI	City Cranston	State RI
Zip 02860		Zip 02905	
Secretary Name Christian Roslund		Treasurer Name Adrienne Schell	
Street Address 12 Bond St Apt 2		Street Address 172 Hudson St	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02909	
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 Sarah Mitchell C. J. Oppertthausen		Director Name Kathleen Garraas Melissa Jenkins	
Street Address 12 Bond St. 24 Carver St.		Street Address 42 East George St 135 Arnold Ave	
City Providence Pawtucket	State RI	City Providence Cranston	State RI
Zip 02903 02860		Zip 02906 02905	
Director Name Christian Roslund		Director Name	
Street Address 12 Bond St Apt 2		Street Address	
City Providence	State RI	City	State
Zip 02903		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 Sarah Mitchell			Date 9-Apr-2018
Signature of Officer/Authorized Representative 			FILED APR 09 2018

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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