



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 APR -9 AM 9:41

Annual Report for the year: 2014
 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 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	Zip 02860	City Cranston	State RI	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	Zip 02903	City Providence	State RI	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. Oppertbauer		Director Name Kathleen Brennan Melissa Jenkins			
Street Address 12 Bond St. 24 Carver St.		Street Address 42 East George St 135 Arnold Ave			
City Providence Pawtucket	State RI	Zip 02903 02860	City Providence Cranston	State RI	Zip 02906 02905
Director Name Christian Roslund		Director Name			
Street Address 12 Bond St Apt 2		Street Address			
City Providence	State RI	Zip 02903	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 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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