

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 32197		2. Exact name of the Corporation Eastern Tandem Rally, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promotion of events for tandem bicyclists 812440			
5. Principal office address 53 Barclay Drive		City North Kingstown		State RI	Zip 02852-5606
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Susan Hollinger			Vice-President Name		
Street Address 4 Cold Spring Road			Street Address		
City Durham	State NH	Zip 02824	City	State	Zip
Secretary Name Maggie Cole			Treasurer Name Cheryl Prudhomme		
Street Address 116 Ralyn Road			Street Address 24 David Post Road		
City Cotuit	State MA	Zip 02635	City Annandale	State NJ	Zip 08801
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Beth Potier			Director Name Russell Glasgow Jr.		
Street Address 52 Mill Pond Road			Street Address 14904 Nashua Lane		
City Durham	State NH	Zip 03824	City Bowie	State MD	Zip 20716
Director Name Opal Goff			Director Name Nan Steketee		
Street Address 7 Dakota Drive			Street Address 4639 Spruce Street		
City Chelmsford	State MA	Zip 01824	City Philadelphia	State PA	Zip 19139
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
APR 11 2018
BY DS

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.

Signature of Officer or Authorized Representative Cheryl Prudhomme Date 4/8/18

Cheryl Prudhomme, Treasurer

Print or Type Name of Officer or Authorized Representative

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Attachment

Entity ID No. 32197 Eastern Tandem Rally, Inc.

Additional Directors:

Cooie DeFrancesco
140 Kirby Lane
Williston, VT 05495

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