

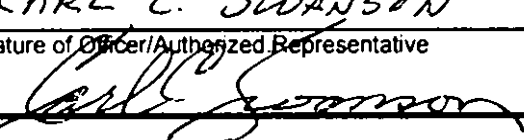


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

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 98710		2. Exact name of the Corporation Rhode Island Trials Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SCHEDULE AND HOST MOTORCYCLE COMPETITIONS			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 23 SHARON DRIVE			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARL C SWANSON			Vice-President Name DAVID ALLEN		
Street Address 23 SHARON DRIVE			Street Address 21 POWER STREET		
City COVENTRY	State RI	Zip 02816	City NORTON	State MA	Zip 02766
Secretary Name JON THOMAS			Treasurer Name GARY BOURQUE		
Street Address 63 RYDER STREET			Street Address 21 ALLISON AVENUE		
City NO DARTMOUTH	State MA	Zip 02747	City COVENTRY	State RI	Zip 02816
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 CARL C SWANSON			Director Name JEFF SALOIS		
Street Address 23 SHARON DRIVE			Street Address 21 KNOTTY OAK SHORES		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name DAVID ALLEN			Director Name GARY BOURQUE		
Street Address 21 POWER STREET			Street Address 21 ALLISON AVENUE		
City NORTON	State MA	Zip 02766	City COVENTRY	State RI	Zip 02816
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative CARL C. SWANSON					Date 5-21-18
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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

FILED

MAY 23 2018

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