RI SOS Filing Number: 201869501260 Date: 6/13/2018 4:00:00 PM

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 13 PM 12:5

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| **887547** | **NEW ENGLAND CYCLING TEAM** |
| 3. State of Incorporation: **RI** | 5. Brief description of the character of business conducted in Rhode Island: **AMATUER CYCLING TEAM/CLUB THAT HOSTS EVENTS FOR ADVOCATING CYCLING IN THE COMMUNITY** |
| 4. NAICS Code: **813319 - Other Social Advocac** | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **23 ROBINSON WAY** | **WEST WARWICK** | **RI** | **02893** |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name **ROBERT STINE** | | | Vice-President Name **MATTHEW GILES** | | |
| Street Address **23 ROBINSON WAY** | | | Street Address **17 CRAWFORD ROAD** | | |
| City **WEST WARWICK** | State **RI** | Zip **02893** | City **EAST PROVIDENCE** | State **RI** | Zip **02924** |
| Secretary Name | | | Treasurer Name **TAMARA WONG** | | |
| Street Address | | | Street Address **13 RIVER ROAD** | | |
| City | State | Zip | City **STERLING** | State **CT** | Zip **06377** |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name **ROBERT STINE** | | | Director Name **MATTHEW GILES** | | |
| Street Address **23 ROBINSON WAY** | | | Street Address **17 CRAWFORD RAOD** | | |
| City **WEST WARWICK** | State **RI** | Zip **02893** | City **EAST PROVIDENCE** | State **RI** | Zip **02924** |
| Director Name **TAMARA WONG** | | | Director Name | | |
| Street Address **13 RIVER ROAD** | | | Street Address | | |
| City **STERLING** | State **CT** | Zip **06377** | 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 |
|---|---|
| **TAMARA WONG** | 6-13-2018 |

Signature of Officer/Authorized Representative: Tamara Wong — 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.ri.gov

FILED
JUN 18 2018
BY 33253

FORM 631 - Revised: 11/2017