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: **TAMARA WONG**
Date: 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 33259

FORM 631 - Revised: 11/2017