



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

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.

FILED

MAY 20 2019

BY

1829 OS

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 COMPETIONS			
4. NAICS Code 813990 - Other Similar Organi					
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 01747	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.					
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 CARL C. SWANSON					Date 3/18/19
Signature of Officer/Authorized Representative <i>Carl C. Swanson</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 03/201