RI SOS Filing Number: 201997171230 Date: 6/14/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2
Non-Profit Corporation —

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Filing period: June 1 - June 30	$\rightarrow$	Filing	period:	June	1	-	June	30
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→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

4. Fash ID Allembas	2 5	. (			=-		
1. Entity ID Number	2. Exact name of the Corporation						
31264	Rhody Rovers Motorcycle Club, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	to promote the sport of motorcycling						
4. NAICS Code	1						
813990 - Other Similar Organiza	<u>!</u>						
6. Principal Office Address	<u> </u>	<del></del>	City	State	Zip		
P.O. Box 1260			Coventry	RI	02816		
7. List ALL officers (names and add	dresses)			ck the box to indicate	an attachment		
President Name William O Newcomb			Vice-President Name Peter Tanner				
Street Address 671 Washington St.			Street Address 387 Hammett Rd.				
City Coventry	State RI	<sup>Zip</sup> 02816	City Coventry	State RI	<sup>Zip</sup> 02816		
Secretary Name Alex Castosa			Treasurer Name Mike DeCiantis				
Street Address 6 Tevere Dr.			Street Address 3 Oak Hill Ct.				
City Johnston	State RI	<sup>Zip</sup> 02919	City West Greenwich	State RI	Zip 02817		
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST I		ck the box to indicate	an attachment		
Director Name William O Newcomb			Director Name Peter Tanner				
Street Address 671 Washington St.			Street Address 387 Hammett Rd.				
City Coventry	State RI	<sup>Zip</sup> 02816	City Coventry	State RI	<sup>Zip</sup> 02816		
Director Name Mike DeCiantis			Director Name Alex Castosa				
Street Address 3 Oak Hill Ct.			Street Address 6 Tevere Dr.				
City West Greenwich	State RI	<sup>Zip</sup> 02817	City Johnston	State RI	<sup>Zip</sup> 02919		
9. Registered Agent in Rhode Islan	nd. This information	is currently of recor	d in the Department of State. Changes re-	quire filing Form 641.			
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any accom I correct.	panying schedule	s and		
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Representa	tive, Receiver or Trustee			
Name of Officer/Authorized Representative				Date			
William O. Newcomb				May 28th 2019			
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov