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

FILED
JUN 14 2019
BV 004053

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.

1. Entity ID Number	2. Exact name of the Corporation
31264	**Rhody Rovers Motorcycle Club, Inc.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **to promote the sport of motorcycling**
4. NAICS Code: **813990 - Other Similar Organiz**	

6. Principal Office Address	City	State	Zip
P.O. Box 1260	**Coventry**	**RI**	**02816**

7. List ALL officers (names and addresses) — Check 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**	Zip **02816**	City **Coventry**	State **RI**	Zip **02816**
Secretary Name **Alex Castosa**			Treasurer Name **Mike DeCiantis**		
Street Address **6 Tevere Dr.**			Street Address **3 Oak Hill Ct.**		
City **Johnston**	State **RI**	Zip **02919**	City **West Greenwich**	State **RI**	Zip **02817**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check 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**	Zip **02816**	City **Coventry**	State **RI**	Zip **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**	Zip **02817**	City **Johnston**	State **RI**	Zip **02919**

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
William O. Newcomb	**May 28th 2019**

Signature of Officer/Authorized Representative: W Newcomb

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: 11/2017