



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

BY _____
 BY _____

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 572775		2. Exact name of the Corporation NORTHEAST MASTERS CYCLING ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY TO FOSTER CONDUCT AND SEEK ADVANCEMENT OF AMATEUR COMPETITIVE BICYCLE RACING FOR MASTERS BICYCLE RACERS			
5. Principal office address 122 TOURO STREET			City NEWPORT	State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MITCHELL R FAVREAU			Vice-President Name CARLA RATTI		
Street Address 18 BANK STREET			Street Address 2303 EATON COURT		
City MYSTIC	State CT	Zip 06355	City DANBURY	State CT	Zip 06355
Secretary Name KIM DUBORD			Treasurer Name KAREN PURTILL		
Street Address 10 DANNY TRAIL			Street Address 30 LEE ANN DRIVE		
City VERNON	State CT	Zip 06066	City NARRAGANSETT	State RI	Zip 02882
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BEN PETERSON			Director Name JUDITH IMPERATORE		
Street Address 30 POND EDGE DRIVE			Street Address 714 TOLLAND STAGE ROAD		
City WATERFORD	State CT	Zip 06385	City TOLLAND	State CT	Zip 06084
Director Name LISA COLELLA			Director Name		
Street Address 8 SUNNYLEDGE STREET			Street Address		
City NEW BRITAIN	State CT	Zip 06052	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

JUL 11 2019

Check No _____

By: _____

BY **37577**

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.

Signature of Officer or Authorized Representative _____ Date **7/5/2019**

FOR SECRETARY OF STATE USE ONLY

MITCHELL R. FAVREAU

Print or Type Name of Officer or Authorized Representative