RI SOS Filing Number: 202064501530 Date: 10/14/2020 4:00:00 PM State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation	2020		MECHIVED R.I. DEPT. OF STATE BUS SYCS DIV		
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	2828 OCT 11. 884 O. OO				
1. Entity ID Number	2. Exact name o	f the Corporation	motor cycle club	, D	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Support motor cycle Riving, support COCAL CHAFTYS				
4. NAICS Code 813410	THLE	7-6			
6 Principal Office Address 9 LINGLN AVE UNI	1.6 -com	104 R522081	COVERTIY	State RT	Zip 0 28/6
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name GATIY Denton JK			Vice-President Name Peter Xen ofoucos		
Street Address 7 VALNY ST			Street Address q Lincoln Ave unit 6		
city west walvill	State CT	zip 28 a3	City COVEYM	State	zip 28/6
Secretary Name EUGENE DYET JL			Treasurer Name Peter Yen Pouls		
Street Address 518 MIDDLE RD			Street Address quincoln Ave Unit 6		
City EAST Green with	State RAF	Zip 02818	City Calenday	State Rt	Zip 0 28/6
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name MATHEW HELLY			Director Name GREGOLY King		
Street Address a LINCOLN AVE UNIT 6			Street Address quinds AVE Unid 6		
city (dently	State RX	Zip 028/6	City Covers(Y	State Rt	Zip 028/6
Director Name PNILLIP DYEC			Director Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Street Address 9 LINC & A AVE GALLETT			Street Address		
City COVONTY	State RT	Zip 02 8/6	City	State	Zip
9. The Registered Agent information	n of record with the	e RI Department o	f State is accurate. Changes require	filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that hts contained her	I have examined ein are true and c	this report, including any accomp	anying schedule	s and
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					2-20
GARIY Dentor IN-				10-2-	0000

MAIL TO: Division of Business Services

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

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov 007 1 4 2020 BY M 8548 F

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FORM 631 - Revised: 08/2020