State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
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
000054802	Over the Hill Motorcycle Club
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Motorcycle Club and Training Center
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
122-124 Water Street	Warren	RI	020885

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Manuel Simmons			Vice-President Name: Joseph Glynn		
Street Address: 62 Leroy Drive			Street Address: 271 Market Street Apt 5		
City: Riverside	State: RI	Zip: 02915	City: Warren	State: RI	Zip: 02885
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Russell Mello			Director Name: Dean Ash		
Street Address: 122-124 Water Street			Street Address: 122-124 Water Street		
City: Warren	State: RI	Zip: 02885	City: Warren	State: RI	Zip: 02885
Director Name: John Ferreira			Director Name:		
Street Address: 122-124 Water Street			Street Address:		
City: Warren	State: RI	Zip: 02885	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Manuel Simmons	12-13-21

Signature of Officer/Authorized Representative: Manuel Simmons

FILED
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BY DYEVM
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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: 08/2020