



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022

APR 18 2022 P


Non-Profit Corporation

BY 

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 32197		2. Exact name of the Corporation Eastern Tandem Rally, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promotion of events for tandem bicyclists			
4. NAICS Code 713990 <input type="checkbox"/>					
6. Principal Office Address 16 Pennacock St.		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dan McKee		Vice-President Name John Tipping			
Street Address 52 Tennyson Road		Street Address 846 Waldo Station Road			
City Reading	State MA	Zip 01867	City Waldo	State ME	Zip 04915
Secretary Name Maggie Cole		Treasurer Name Cheryl Prudhomme			
Street Address 116 Ralyn Road		Street Address 81 Appalachian Way			
City Cotuit	State MA	Zip 02635	City Hazleton	State PA	Zip 18202
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Beth Potier		Director Name Candace Cotton			
Street Address 52 Mill Pond Road		Street Address 10837 Tuckahoe Way			
City Durham	State NH	Zip 01824	City North Potomac	State MD	Zip 20878
Director Name Rossell Glasgow Jr		Director Name			
Street Address 14904 Nashua Lane		Street Address			
City Bowie	State MD	Zip 20716	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Cheryl Prudhomme				Date	
Signature of Officer/Authorized Representative 					

MAIL TO:
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