



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001681320

**2. Name of Corporation** Bella Mente Quantum Racing Association

**3. State of Incorporation**

State: DE

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

713990

**4. Principal Office Address**

No. and Street: 333 SOUTH 7TH STREET, SUITE 3100

City or Town: MINNEAPOLIS

State: MN Zip: 55402 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CONSTRUCTION OF SAILING VESSEL AND COMPETING IN AMATEUR YACHT RACES

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	JOHN J FAUTH	333 SOUTH 7TH STREET, SUITE 3100 MINNEAPOLIS, MN 55402 USA
TREASURER	BEN OSBORN	333 SOUTH 7TH STREET, SUITE 3100 MINNEAPOLIS, MN 55402 USA
CEO	MIKE CAZER	126 OTTAWA AVENUE NW, SUITE 500 GRAND RAPIDS, MI 49503 USA
DIRECTOR	DOUG DEVOS	126 OTTAWA AVENUE NW, SUITE 500 GRAND RAPIDS, RI 49503 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 23 Day of January, 2023 at 2:10:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By BEN OSBORN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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