State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023
Non-Profit Corporation
→ 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	2. Exact name of the Corporation
001710730	Pedal Powered Anthropology
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Nonprofit dedicated to humanizing science and the humanities while encouraging outdoor activity and exploration
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
75 Briarbrook Drive	North Kingstown	RI	02852

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

President Name	Vice-President Name
Joseph LyonWurm	
Street Address: 75 Briarbrook Drive	Street Address:
City: North Kingstown / State: RI / Zip: 02852	City: / State: / Zip:
Secretary Name: Julie LyonWurm	Treasurer Name: Joseph LyonWurm
Street Address: 75 Briarbrook Drive	Street Address: 75 Briarbrook Drive
City: North Kingstown / State: RI / Zip: 02852	City: North Kingstown / State: RI / Zip: 02852

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

Director Name	Director Name
Joseph LyonWurm	Julie LyonWurm
Street Address: 75 Briarbrook Drive	Street Address: 75 Briarbrook Dr
City: North Kingstown / State: RI / Zip: 02852	City: North Kingstown / State: RI / Zip: 02852
Director Name: Robert Wurm	Director Name: Sarah Hlubik
Street Address: PO Box 714	Street Address: 92 Chesterfield Georgetown Road
City: Velarde / State: NM / Zip: 87582	City: Chesterfield / State: NJ / Zip: 08515

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: Joseph LyonWurm
Date: 03/12/2023
Signature of Officer/Authorized Representative: Joseph LyonWurm

FILED
MAR 13 2023
BY TONDH
12:43PM

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: 2/2023