State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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
000098359	The International CBX Owners' Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO PROMOTE AND ADVANCE THE MUTUAL INTERESTS OF ITS MEMBERS ENGAGED IN THE USE AND OWNERSHIP OF CBX MOTORCYCLES. TITLE: 7-6
4. NAICS Code: 711210	

6. Principal Office Address	City	State	Zip
153 KRISTIN COURT	WESTERVILLE	OH	43081

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

President Name: JAN RINGNALDA			Vice-President Name:		
Street Address: 104856 DUNCAN PLAINS ROAD			Street Address:		
City: JOHNSTOWN	State: OH	Zip: 43031	City:	State:	Zip:
Secretary Name: LARRY ZIMMER			Treasurer Name: PATRICIA DIPIETRO		
Street Address: 3024 ORCHARD DRIVE			Street Address: 153 KRISTIN COURT		
City: BRIGHTON	State: MI	Zip: 48114	City: WESTERVILLE	State: OH	Zip: 43081

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

Director Name: RICK POPE			Director Name: MIKE SIMON		
Street Address: 1677 FIELDCREST DRIVE			Street Address: 2968 NATIONWIDE PARKWAY		
City: LAWRENCEBURG	State: IN	Zip: 47025	City: BRUNSWICK	State: OH	Zip: 44212
Director Name: NILS MENTEN			Director Name:		
Street Address: 164 TWILIGHT LANE			Street Address:		
City: SANTA CRUZ	State: CA	Zip: 95060	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: **PATRICIA DIPIETRO** — Date: 9/30/23

Signature of Officer/Authorized Representative: Patricia DiPietro

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML TWC TH

FORM 631- Revised: 04/2023