



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year:
Benefit Profit Corporation

2024

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- Filing period: within 120 days following the end of the fiscal year
- Filing Fee: \$60.00
- Penalty: Additional \$25.00 fee if form is not filed within 150 days of the fiscal year end.

BY 3935 DS

1. Entity ID Number 1657638		2. Exact name of the Corporation Rhode Races Events Inc												
3. Principal Office Address 3 Mayo Dr			City Warren	State RI	Zip 02885									
4. NAICS Code 711310		5. State of Incorporation Rhode Island												
6. Brief description of the character of business conducted in Rhode Island Rhode Races produces and executes endurance running events.														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Karen Zyons			Vice-President Name Susan Rancourt											
Street Address 14 Hopkins Lane			Street Address 3 Mayo Dr											
City Peacedale	State RI	Zip 02883	City Warren	State RI	Zip 02885									
Secretary Name Karen Zyons			Treasurer Name Susan Rancourt											
Street Address 14 Hopkins Lane			Street Address 3 Mayo Dr											
City Peacedale	State RI	Zip 02883	City Warren	State RI	Zip 02885									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name as above			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing. Check if stock is publicly traded. <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>.01</td> </tr> <tr> <td>100</td> <td>Common</td> <td>.01</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	.01	100	Common	.01
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			100	Common	.01									
100	Common	.01												

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

11. The following provisions require a narrative description:

a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

We foster and sponsor many adult and youth fitness and running programs, we improve our sustainable efforts each year and we donate directly to many local non-profits.

b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

We fully fund a Final Mile fitness program for any youth in the State of RI, we are working towards Zero Carbon events through our partnership with RI Eastern Conservation District and Epic Renewal

c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

None

d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

We measure ourselves against the Council for Responsible Sport as well as searching out other sustainable events as models.

e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

We utilize industry standards such as the Road Runners Club of America, Council for Responsible Sports and Running USA. We also solicit participant feedback as well as stakeholder insight and

f. Name and address of the Benefit Director: *(Required if stock is publicly traded.)*

Robert Johnson, 83 Sherry Ave., Bristol, RI 02809

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g. Name and address of the Benefit Officer: *(If not applicable, state "NONE.")*

None

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h. The statement of the benefit director described in subsection 7-5.3-8(c):

Rhode Races continues to provide tangible benefits to their community beyond simply encouraging healthy lifestyles and competition opportunities. Their events provide support to many local non profit

i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

There is no financial connection between the Benefit Officer and Rhode Races.

j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

N/A

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

12. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

13. *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.*

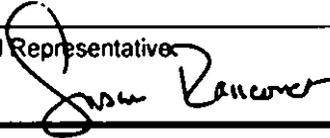
Name of Authorized Representative

Susan Rancourt

Date

7 February 2024

Signature of Authorized Representative



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