



**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

**Non-Profit Corporation  
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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000083852

**2. Name of Corporation** Southern New England Truck Pullers Association, Incorporated

**3. State of Incorporation**

State: RI

**NAICS CODE**

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  
624210

**4. Principal Office Address**

No. and Street: PO BOX 334  
City or Town: WEST KINGSTON State: RI Zip: 02892 Country: USA

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

CREATE UNIFORMITY IN THE RULES AND REGULATIONS GOVERNING TRUCK PULLS WHICH ARE SANCTIONED BY THE ASSOCIATION.

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT MACDONALD	373 CHAPLIN DRIVE COVENTRY, RI 02816 USA
TREASURER	ROBERT W BURNS	445 MAIN ST ASHAWAY, RI 02804 USA
DIRECTOR	ROBERT W BURNS	445 MAIN ST ASHAWAY, RI 02804 USA
DIRECTOR	JOEL HOWARD	1933 SOUTH COUNTY TRAIL WEST KINGSTON, RI 02892 USA
DIRECTOR	ROBERT MACDONALD	373 CHAPLIN DRIVE COVENTRY, RI 02816 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**

ROBERT BURNS 445 MAIN ST ASHAWAY , RI 02804

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

**Signed this 5 Day of March, 2024 at 2:23:47 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 ROBERT BURNS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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