



State of Rhode Island
Department of State - Business Services Division

MAR 08 2024

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 001742512		2. Exact name of the Corporation New England Mountain Bike Association, Inc.	
3. State of Incorporation Massachusetts		5. Brief description of the character of business conducted in Rhode Island To advocate for and promote the sport of mountain biking and the stewardship of open spaces.	
4. NAICS Code 713990			
6. Principal Office Address 42 Robbins Rd.		City Arlington	State MA Zip 02476
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Adam Glick		Vice-President Name Matt Schulde	
Street Address 42 Robbins Rd.		Street Address 361 Escoheag Hill Rd.	
City Arlington	State MA	City Exeter	State RI Zip 02822
Secretary Name Mary McCarthy		Treasurer Name Erin Faccone	
Street Address 26 Marion Rd. #2		Street Address 59 Wareham St.	
City Watertown	State MA	City Medford	State MA Zip 02155
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Wayne Asselin Director & Resident Agent		Director Name Nicole Freedman, Director	
Street Address 30 Lorraine Ave.		Street Address 28 Summer St. #1	
City Coventry	State RI	City Somerville	State MA Zip 02143
Director Name Adam Brule, Director		Director Name	
Street Address 2028 Putnam Pike		Street Address	
City Chepachet	State RI	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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Wayne Asselin, Authorized Representative			Date 03/06/24
Signature of Officer/Authorized Representative <i>Wayne Asselin, authorized representative</i>			

MAIL TO:
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