



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 ☐					
President Name Adam Glick			Vice-President Name Matt Schulde		
Street Address 42 Robbins Rd.			Street Address 361 Escoheag Hill Rd.		
City Arlington	State MA	Zip 02476	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	Zip 02472	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 ☐					
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	Zip 02816	City Somerville	State MA	Zip 02143
Director Name Adam Brule, Director			Director Name		
Street Address 2028 Putnam Pike			Street Address		
City Chepachet	State RI	Zip 02814	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 Wayne Asselin, Authorized Representative					Date 03/06/24
Signature of Officer/Authorized Representative <i>Wayne Asselin, authorized representative</i>					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov