



**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 2025:** 2025

**1. Corporate ID No.** 001769886

**2. Name of Corporation** Team Navy Cycling

**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

624190

**4. Principal Office Address**

No. and Street: 50 WENTWORTH TER

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

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

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE SPECIFIC PURPOSES AND OBJECTIVES OF THE CORPORATION SHALL INCLUDE

BUT NOT BE LIMITED TO THE FOLLOWING: (1) TO PROVIDE ACTIVE-DUTY, RESERVE MEMBERS, AND VETERANS OF THE MARITIME SERVICES AND THEIR SUPPORT NETWORKS OPPORTUNITIES TO DEVELOP, SUSTAIN, AND IMPROVE INDIVIDUAL AND GROUP SKILLS THROUGH SAFE AND RESPONSIBLE CYCLING FOCUSED ON POSITIVE MENTAL HEALTH, AN ACTIVE LIFESTYLE, AND COMMUNITY BUILDING THAT TRANSLATE INTO TRAITS FOR SUCCESS IN LIFE.

**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RANDY RIEWERTS	353 FREEDOM TRAIL DR PORTSMOUTH, RI 02871 USA
TREASURER	DANA GILMOUR	50 WENTWORTH TER PORTSMOUTH, RI 02871 USA
SECRETARY	KATHY ANGUS	130 ADARE DR CARY, IL 60013 USA
INCORPORATOR	DANA GILMOUR	50 WENTWORTH TER PORTSMOUTH, RI 02871 USA
DIRECTOR	KATHY ANGUS	130 ADARE DR CARY, IL 60013 USA
DIRECTOR	DANA GILMOUR	50 WENTWORTH TER PORTSMOUTH, RI 02871 USA
DIRECTOR	RANDY RIEWERTS	353 FREEDOM TRAIL DR PORTSMOUTH, RI 02871 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**

DANA GILMOUR 50 WENTWORTH TER PORTSMOUTH , RI 02871

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

**Signed this 3 Day of February, 2025 at 10:06:34 AM 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 DANA GILMOUR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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