



State of Rhode Island
Department of State - Business Services Division

FILED

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Annual Report for the year: 2025

Non-Profit Corporation

CB

BY 190

3 of 3

→ 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 Schulte		
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 02143
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 Std. #1		
City Coventry	State RI	Zip 02816	City Somerville	State MA	Zip 02143
Director Name Charles Picard			Director Name		
Street Address 139 Wood St.			Street Address		
City Providence	State RI	Zip 02909	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Wayne Asselin, Authorized Representative					Date 03/25/25
Signature of Officer/Authorized Representative <i>Wayne Asselin</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