



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

APR 04 2025

BY

1. Entity ID Number 32197		2. Exact name of the Corporation Eastern Tandem Rally, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promotion of events for tandem bicyclists.			
4. NAICS Code 713990					
6. Principal Office Address 16 Pennacock Street			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dan McKee			Vice-President Name John Tipping		
Street Address P.O. Box 254			Street Address 846 Waldo Station Rode		
City Twin Mountain	State NH	Zip 03595	City Waldo	State ME	Zip 04915
Secretary Name Maggie Cole			Treasurer Name Jay Clausen		
Street Address 116 Rayln Road			Street Address 89 Balsam Acres		
City Cotuit	State MA	Zip 02635	City New London	State NH	Zip 03257
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Beth Potier			Director Name Candace Cotton		
Street Address 52 Mill Pond Road			Street Address 10837 Tuckahoe Way		
City Durham	State NH	Zip 01824	City North Potomac	State MD	Zip 20810
Director Name Rossell Glasgow Jr.			Director Name Reed Nester		
Street Address 14904 Nashua Lane			Street Address 212 John Pincney Lane		
City Bowie	State MD	Zip 20716	City Williamsburg	State VA	Zip 23185
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 Jay Clausen					Date 1/13/2025
Signature of Officer/Authorized Representative 					

MAIL TO:
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