RI SOS Filing Number: 202569328100 Date: 4/4/2025 4:00:00 PM



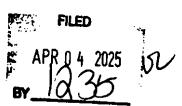
State of Rhode Island

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,					
Entity ID Number	2. Exact name of the Corporation Eastern Tandem Rally, Inc.				
32197					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Promotion of events for tandem bicyclists.				
4. NAICS Code			•		
713990					
6. Principal Office Address			City	State	Zip
16 Pennacock Street			Newport	RI	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		
^{Crty} Twin Mountain	State NH	^{Zip} 03595	^{City} Waldo	State ME	Z _{IP} 04915
Secretary Name Maggie Cole			Treasurer Name Jay Clausen		
Street Address 116 Rayin Road			Street Address 89 Balsam Acres		
City Cotuit	State MA	^{Zip} 02635	City New London	State NH	^{Z_{IP}} 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	Ζ ₁ 0 20010
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.					
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				Date	
Jay Clausen				1/13/2025	
Signature of Officer/Authorized Representative					
Les le l'Exam					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov