State of Rhode Island
Department of State - Business Services Division

FILED
APR 04 2025
BY 1235

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.

1. Entity ID Number	2. Exact name of the Corporation
32197	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	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		
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: 20878
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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023