State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

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. 000098359

2. Name of Corporation The International CBX Owners' Association, Inc.

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
711210

4. Principal Office Address

No. and Street: 153 KRISTIN COURT
City or Town: WESTERVILLE State: OH Zip: 43081 Country: USA

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

TO PROMOTE AND ADVANCE THE MUTUAL INTERESTS OF ITS MEMBERS ENGAGED IN THE USE AND OWNERSHIP OF CBX MOTORCYCLES.

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	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	PATRICIA DIPIETRO	153 KRISTIN CT WESTERVILLE, OH 43081 USA
DIRECTOR	LARRY ZIMMER	3024 OLD ORCHARD DR BRIGHTON, MI 48114 USA
DIRECTOR	JAN RINGNALDA	10485 DUNCAN PLAINS RD JOHNSTON, OH 43031 USA
DIRECTOR	RICK POPE	1677 FIELDCREST DR LAWRENCEBURG, IN 47025 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

ANDREW M. GILSTEIN, ESQ. 300 METRO CENTER BOULEVARD SUITE 150A WARWICK , RI 02886

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

Signed this 16 Day of September, 2025 at 10:56:50 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 PATRICIA DIPIETRO
Signature of Authorized Person

Form No. 631
Revised 09/07