



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2017

**Filing Period:** June 1 - June 30 • This report must be typed or printed legibly.

**Filing Fee:** \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>144558</b>		2. Exact name of the Corporation <b>R.I. MOTORCYCLE EDUCATION, INC.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>SUPPORTING AND PROMOTING MOTORCYCLE SAFETY FOR ALL PRESONS WHO ARE OR MAY BECOME MOTORCYCLE ENTHUSIASTS, PARTICULARY MINOR CHII DFRFN</b>			
5. Principal office address <b>P.O. BOX 40344</b>		City <b>PROVIDENCE</b>		State <b>R.I.</b>	Zip <b>02940</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>KRISTIN JAMISON</b>			Vice-President Name <b>PAUL BOND</b>		
Street Address <b>195 MODENA AVE.</b>			Street Address <b>HOBART ST.</b>		
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>WESTERLY</b>	State <b>R.I.</b>	Zip
Secretary Name <b>JOHN BIGELOW</b>			Treasurer Name <b>DAVID MARTINELLI</b>		
Street Address <b>P.O. BOX 61</b>			Street Address <b>20 PINE ST.</b>		
City <b>CAROLINA</b>	State <b>R.I.</b>	Zip <b>02812</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>KRISTIN JAMISON</b>			Director Name <b>BUD CARDOSO</b>		
Street Address <b>195 MODENA AVE.</b>			Street Address <b>74 EARL AVE.</b>		
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>RIVERSIDE</b>	State <b>R.I.</b>	Zip <b>02915</b>
Director Name <b>ANTHONY MONTEFUSCO</b>			Director Name		
Street Address <b>P.O. BOX 71</b>			Street Address		
City <b>CHEPACHET</b>	State <b>R.I.</b>	Zip <b>02814</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS DIV.  
 APR 18 PM 2:08

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*David W. Martinelli*      4-18-17  
 Signature of Officer or Authorized Representative      Date

**DAVID W. MARTINELLI**

Print or Type Name of Officer or Authorized Representative

**FILED** 2:08  
**APR 18 2017**  
 BY 42301187