



State of Rhode Island  
Department of State - Business Services Division

STATE

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Annual Report for the year: 2024

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 <b>000098359</b>		2. Exact name of the Corporation <b>The International CBX Owners' Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE AND ADVANCE THE MUTUAL INTERESTS OF ITS MEMBERS ENGAGED IN THE USE AND OWNERSHIP OF CBX MOTORCYCLES. TITLE: 7-6</b>			
4. NAICS Code <b>711210</b>					
6. Principal Office Address <b>153 KRISTIN COURT</b>			City <b>WESTERVILLE</b>	State <b>OH</b>	Zip <b>43081</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JAN RINGNALDA</b>			Vice-President Name		
Street Address <b>104856 DUNCAN PLAINS ROAD</b>			Street Address		
City <b>JOHNSTOWN</b>	State <b>OH</b>	Zip <b>43031</b>	City	State	Zip
Secretary Name <b>LARRY ZIMMER</b>			Treasurer Name <b>PATRICIA DIPIETRO</b>		
Street Address <b>3024 ORCHARD DRIVE</b>			Street Address <b>153 KRISTIN COURT</b>		
City <b>BRIGHTON</b>	State <b>MI</b>	Zip <b>48114</b>	City <b>WESTERVILLE</b>	State <b>OH</b>	Zip <b>43081</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RICK POPE</b>			Director Name <b>MIKE SIMON</b>		
Street Address <b>1677 FIELDCREST DRIVE</b>			Street Address <b>2968 NATIONWIDE PARKWAY</b>		
City <b>LAWRENCEBURG</b>	State <b>IN</b>	Zip <b>47025</b>	City <b>BRUNSWICK</b>	State <b>OH</b>	Zip <b>44212</b>
Director Name <b>NILS MENTEN</b>			Director Name		
Street Address <b>164 TWILIGHT LANE</b>			Street Address		
City <b>SANTA CRUZ</b>	State <b>CA</b>	Zip <b>95060</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>PATRICIA DIPIETRO</b>					Date <b>9/30/23</b>
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

**FILED**

NOV 20 2023  
 3:06 BY ML TWC 7H  
 FORM 631- Revised: 04/2023