



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

1. Corporate ID No. <u>27118</u>		2. Name of Corporation <u>Federated Rhode Island sports mens Clubs</u>	
3. State of Incorporation <u>R.I.</u>		4. Corporate address in Rhode Island - Street Address <u>14 Shore Rd</u>	
		City <u>Riverside RI</u>	Zip <u>02915</u>
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>PROMOTION OF Hunting & Fishing in our state.</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Richard Carracotta</u>		Vice President Name <u>DAN INSANA</u>	
Street Address <u>10 Dowbar Ave</u>		Street Address <u>14 Crystal DR.</u>	
City <u>Rumford</u>	State <u>R.I.</u>	City <u>WARWICK</u>	State <u>R.I.</u>
Zip <u>02916</u>		Zip <u>02886</u>	
Secretary Name <u>MIKE BROUILLARD</u>		Treasurer Name <u>JAMES Alexander</u>	
Street Address <u>67 MORSE AVE</u>		Street Address <u>14 Kenwood st.</u>	
City <u>NO. Smithfield</u>	State <u>R.I.</u>	City <u>WARWICK</u>	State <u>R.I.</u>
Zip <u>02816</u>		Zip <u>02889</u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <u>Ed Smith</u>		Director Name <u>Paul Collette</u>	
Street Address <u>6 Jade St.</u>		Street Address <u>186 Finch AVE.</u>	
City <u>COVENTRY</u>	State <u>R.I.</u>	City <u>NO. Providence</u>	State <u>R.I.</u>
Zip <u>02816</u>		Zip <u>02908</u>	
Director Name <u>JAMES Alexander</u>		Director Name	
Street Address <u>14 Kenwood St.</u>		Street Address	
City <u>WARWICK</u>	State <u>R.I.</u>	City	State
Zip		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <u>JACK Peters</u>		Address <u>14 Shore DR.</u>	
Address		City <u>RIVERSIDE RI</u>	Zip <u>02915</u>

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

FILED

APR 21 2008

By

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

File Date

Check No.

By:

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