

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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                            | 0.                                                         |                         |                                        |                              |                         |  |
|--------------------------------------------------------|------------------------------------------------------------|-------------------------|----------------------------------------|------------------------------|-------------------------|--|
| 1. Corporate ID No.                                    | 2. Name of Corporation                                     | 2. Name of Corporation  |                                        |                              |                         |  |
| 30626                                                  | Woonsocket Spo                                             | rtsman's Club           |                                        |                              |                         |  |
| 3. State of Incorporation                              | 4. Corporate address in Rhode Island - Street Address City |                         |                                        | Zip                          |                         |  |
| Rhode Island                                           | 546 Diamond H                                              | ill Road                |                                        | Woonsocket                   | 02895                   |  |
| 5. Foreign corporation. Enter principal office address |                                                            |                         | City                                   | State                        | Zip                     |  |
| 6. Brief Description of the cha                        | tracter of the affairs which are a                         | sctually conducted in h | lbode Island                           |                              |                         |  |
| We are primarily a hur                                 | nting and fishing club. In                                 | terested in wildlife    | habitat restoration and forest         | management.                  |                         |  |
| 7. NAMES AND ADDR                                      | ESSES OF THE OFFICER                                       | S: ("X" BOX FOR A       | TTACHMENT)   FILL IN SPAC              | ES BEFORE USING ATTA         | CHMENTS                 |  |
| President Name                                         |                                                            |                         | Vice President Name                    |                              |                         |  |
| Joseph Ваггоsо                                         |                                                            |                         | Daryl Jamieson                         |                              |                         |  |
| Street Address                                         |                                                            |                         | Street Address                         |                              |                         |  |
| 224 Marshall Road                                      |                                                            |                         | 290 Park Ave.                          |                              |                         |  |
| City                                                   | State                                                      | Zip                     | City                                   | State                        | Ζίψ                     |  |
| Woonsocket                                             | Rhode Island                                               | 02895                   | Woonsocket                             | Rhode Island                 | 02895                   |  |
| Secretary Name                                         |                                                            |                         | Treasurer Name                         |                              |                         |  |
| Richard D Lambert                                      |                                                            |                         | Russell Houde Sr.                      |                              |                         |  |
| Street Address 546 Diamond Hill Road                   |                                                            |                         | Street Address 540 Mendon Road         |                              |                         |  |
| City                                                   | State                                                      | Zip                     | City                                   | State                        | Zip                     |  |
| Woonsocket                                             | Rhode Island                                               | 02895                   | No. Smithfield                         | Rhode Island                 | 02896                   |  |
| 8. NAMES AND ADDRI                                     | ESSES OF THE DIRECTO                                       | RS: ("X" BOX FOR        | ATTACHMENT) TILL IN SPACE              | CES BEFORE USING ATTA        | CHMENTS                 |  |
| THE NUMBER OF DIR                                      | RECTORS OF A DOMEST                                        | IC (RHODE ISLA          | ND) CORPORATION SHALL N                | NOT BE LESS THAN THE         | EE (3). R.I.G.L. 7-6-23 |  |
| Director Name                                          |                                                            |                         | Director Name                          |                              |                         |  |
| Joseph Barroso                                         |                                                            |                         | Daryl Jamieson                         |                              |                         |  |
| Street Address                                         |                                                            |                         | Street Address                         |                              |                         |  |
| 224 Marshall Road                                      |                                                            |                         | 290 Park Ave.                          |                              |                         |  |
| City                                                   | State                                                      | Zip                     | City                                   | State                        | Zip                     |  |
| Woonsocket                                             | Rhode Island                                               | 02895                   | Woonsocket                             | Rhode Island                 | 02895                   |  |
| Director Name                                          |                                                            |                         | Director Name                          |                              |                         |  |
| Russell Houde Sr.                                      |                                                            |                         | Brian Marquis                          |                              |                         |  |
| Street Address 540 Mendon Road                         |                                                            |                         | Street Address 371 Tourtelot Hill Road |                              |                         |  |
| City                                                   | State                                                      | Zip                     | City                                   | State                        | Ζip                     |  |
| No. Smithfield                                         | Rhode Island                                               | 02896                   | Chepachet                              | Rhode Island                 | 02814                   |  |
|                                                        |                                                            |                         | Changes require filing of For          |                              |                         |  |
| Agent Name                                             |                                                            |                         | Address                                |                              |                         |  |
| Richard D Lambert                                      |                                                            |                         |                                        |                              |                         |  |
| Address                                                |                                                            |                         | City                                   | Zip                          |                         |  |
| 546 Diamond Hill Road                                  |                                                            |                         | Woonsocket                             | 02895                        |                         |  |
|                                                        |                                                            | the President Vice      | e President, Secretary, Assistant      |                              |                         |  |
| rius report                                            | must be signed by emici                                    | me riesidem, vice       | e i resident, secretary, Assistant     | . Secretary, Treasurer, Rece | erver or trustee        |  |

| 3 0 6 2 6                                  | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all |  |  |  |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| File Date FILED Check No. JUN 0 4 2008     | statements contained herein are true and correct.  Signature of Officer Date                                                                       |  |  |  |
| By: By 30  FOR SECRETARY OF STATE USE ONLY | Joseph Barroso  Print or Type Name of Officer  President  Title of Officer                                                                         |  |  |  |