



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>7767</b>		2. Name of Corporation <b>MARSHNECK GUN CLUB, INC</b>		
3. Street Address Principal Business Office <b>20 GRAY'S POINT ROAD</b>		City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
4. Business Phone No. <b>(401) 364-3844</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>A FRATERNAL ORDER OF HUNTING BUDDIES</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>STUART DEMERS</b>		Vice President Name <b>ROE LADOSIERE</b>		
Street Address <b>92 EAST ARNOLD A DRIVE</b>		Street Address <b>10 DAVENTRY</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
Secretary Name <b>PETER W. ARNOLD</b>		Treasurer Name <b>ROBERT MANNING</b>		
Street Address <b>20 GRAY'S POINT ROAD</b>		Street Address <b>71 GRAY'S POINT ROAD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>GRAHAM BELL</b>		Director Name <b>MALCOLM MAKIN</b>		
Street Address <b>162 SHANNOCK ROAD</b>		Street Address <b>80 GRAY'S POINT ROAD</b>		
City <b>SHANNOCK</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
Director Name <b>RICHARD FENTON</b>		Director Name <b>RICHARD PHELAN</b>		
Street Address <b>10 SOUTH ARNOLD ROAD</b>		Street Address <b>40 COLONY ROAD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares <b>102</b>	Class/Series <b>COMMON</b>	Par Value <b>NO PAR VALUE</b>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

<b>FILED</b>
File Date <b>JAN 15 2009</b>
Check No. <b>532</b>
By: <b>532</b>
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.

*Peter W. Arnold* 1/13/09  
Signature Date  
**PETER W. ARNOLD**  
Print or Type Name  
**SECRETARY**  
Title