



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2613
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3083		2. Name of Corporation BULLSEYE SHOOTING SUPPLIES, INC.			
3. Street Address Principal Business Office 837 Park Avenue		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. (401) 766-4409		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON A GENERAL SPORTING GOOD SALES BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL J. CONNOLLY		Vice President Name PAUL J. CONNOLLY			
Street Address 73 SAYLES HILL ROAD		Street Address 73 SAYLES HILL ROAD			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name PAUL J. CONNOLLY		Treasurer Name PAUL J. CONNOLLY			
Street Address 73 SAYLES HILL ROAD		Street Address 73 SAYLES HILL ROAD			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 1,000	Class/Series COMMON	Par Value NO PAR VALUE

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.

FILED	
File Date	JAN 04 2011
Check No.	
BY	2547
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.

Signature: Paul J. Connolly Date: 3 JANUARY 2011
PAUL J. CONNOLLY,
Print or Type Name
PRESIDENT
Title