



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 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 7767		2. Name of Corporation MARSH NECK GUN CLUB, INC			
3. Street Address Principal Business Office 20 GRAYSPPOINT ROAD			City CHARLESTOWN	State R.I	Zip 02813
4. Business Phone No. (401) 364-3844		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island A FRATERNAL ORDER OF HUNTING BUDDIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STUART DEMIRS			Vice President Name ROE LABOSSIERE		
Street Address 92 EAST ARNOLDA DRIVE			Street Address 10 DAVENTRY		
City CHARLESTOWN	State R.I	Zip 02813	City CHARLESTOWN	State R.I	Zip 02813
Secretary Name PETER W. ARNOLD			Treasurer Name ROBERT MANNING		
Street Address 20 GRAY'S POINT ROAD			Street Address 71 GRAY'S POINT RD		
City CHARLESTOWN	State R.I.	Zip 02813	City CHARLESTOWN	State R.I	Zip 02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GRAHAM BELL			Director Name MALCOLM MAKIN		
Street Address 162 SHANNOCK RD			Street Address 80 GRAY'S POINT ROAD		
City SHANNOCK	State R.I	Zip 02875	City CHARLESTOWN	State R.I	Zip 02813
Director Name RICHARD FENTON			Director Name RICHARD PHELAN		
Street Address 10 SOUTH ARNOLDA ROAD			Street Address 40 COLONY ROAD		
City CHARLESTOWN	State R.I	Zip 02813	City CHARLESTOWN	State R.I	Zip 02813
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES --- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
150	COMMON	NO PAR VALUE	102	COMMON	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 11 2012

Check No. 568

By: BY _____

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: PETER W. ARNOLD Date: 1/4/12

Print or Type Name: PETER W. ARNOLD

Title: SECRETARY