

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 2012

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.	1	2. Name of Corporation				
000485738		nd Target Archery Asso				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
Rhode Island		ansett Avenue		Jamestown	02835	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara	ucter of the affairs whi	cb are actually conducted in R	bode Island	<u> </u>		
GOVEN N	the 120	ces of A	JAT. AREH AS	950°.	<u>.</u>	
7. NAMES AND ADDRES	SSES OF THE OF	FICERS: ("X" BOX FOR A	<i>TTACHMENT)</i> 🔲 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS OO	
President Name			Vice President Name			
Elliot Thompson			- I			
Street Address			Street Address			
157 Rathbun St					<u> </u>	
City	State	Zij;	City	State	Z# <b>글</b> 2€ 7 □	
Coventry	RI	02816			三 表洪	
Sceretury Name			Treasurer Name	Treasurer Name		
Deb Costa			David Martin			
Street Address			Street Address		<del>Ф 11</del>	
9 Holmes Rd.			86 Narragansett Av	/enue		
Сиу	State	Zψ	Chy	State	Zψ	
Coventry	RI	02816	Jamestown	RI	02835	
			ATTACHMENT) FILL IN SPA			
	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Bruce Mulneix			Efficit Thompson			
Street Address			Street Address			
6101 Post Rd.			157 Rathbun St			
City	State	Zijγ	City	State	Zip	
N. Kingstown	RI	02852	Coventry	RI	02816	
Director Name Jimmy Dean			Director Name			
Street Address			Street Address			
911 Tollgate Rd.						
City	State	Zų	City	State	Zip	
Warwick	RI	02888	Į.			
9. REGISTERED AGENT	IN RHODE ISLA	ND .				
This information is curren	tly of record in th	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1.	3/7-6-78	
This report n	oust be signed by	either the President, Vic	e President, Secretary, Assista	int Secretary, Treasurer, Rec	eiver or Trustee	

<b>000485738</b>	Under penalty of perjury, I declare and affirm that I have examined this		
FILED C	report, including any accompanying schedules and statements, and that all statements contained herein are frugand correct.		
Check No. JUL 0 2 2012	Signature of Officer Date  David Martin		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Treasurer  Title of Officer		