

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No. 84143	Z. LAGUII	2. Exact name of the Corporation Post Road Guns, Inc.			
3. Principal office address 2158 Plainfield Pike			City	State	Zip
4. Business Phone No.			Cranston	RI	02921
(401) 941-2160			5. State of Incorporation Rhode Island		
Brief description of the cleanRetail sale to the get	haracter of busine eneral public	ss conducted in Rhode I of sports and hobb	sland by equipment		
ALISTALL OFFICERS (IAMES AND ADE	RESSESSION OF THE STATE OF THE			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR President Name Robert C. Carney			Vice-President Name None		
Street Address 39 Buckley Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
ecretary Name Robert C. Carney		Treasurer Name Robert C. Carne			
Street Address 39 Buckley Avenue			Street Address 39 Buckley Avenue		
Dity West Warwick	State RI	Zip 02893	City West Wanwick	State RI	Zip 02893
LIST ALL DIRECTORS (NAMES AND ADI	PRESSES) ("X" BOX FO			
Robert C. Carney			Director Name		
treet Address 39 Buckley Avenue			Street Address		
ity West Warwick	State RI	Zip 02893	City	State	Zip
rector Name			Director Name		
treet Address			Street Address		
ity	State	Zip	City	State	Zip
SHARES AUTHORIZED			A KORSI VI EN ESTE DE	AVERAY FOR ASSESS	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$ 10.00
his report must be executed	on behalf of the o	orporation by an authori	zed representative. If the corp of the corporation by the rece		

Compared to the second	executed on behalf of the corporation by the receiver or trustee.
File Date	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.
By:	FEB 0 6 2013 ignature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY Form No. 630	BY 4100 Print or Type Name of Authorized Representative
Revised: 01/2012	of industrial representative