



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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29503		2. Exact name of the Corporation WARWICK SPORTSMAN'S ASSOCIATION			
3. State of Incorporation R. I.		4. Brief description of the character of business conducted in Rhode Island HUNTING, FISHING, SHOOTING, LAND PRESERVATION			
5. Principal office address 10 DUNBAR AVE		City E. PROVIDENCE	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH VOCCIO			Vice-President Name MIKE RUGGERI		
Street Address 213 CAROLINA HOOSENECK RD			Street Address 120 MIDVALE AVE		
City RICHMOND	State RI	Zip 02878	City CRANSTON	State RI	Zip 02920
Secretary Name RICHARD CAPRACOTTA			Treasurer Name DAVID O RAINONE		
Street Address 10 DUNBAR AVE.			Street Address 2 MAJESTIC AVE		
City E. PROV	State RI	Zip 02916	City WARWICK	State RI	Zip 02888
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name TOMMY COPRICHIO			Director Name REGGIE GUGLIELMETTI		
Street Address 51 SALEM AVE			Street Address 66 GEORGE WASHINGTON HY.		
City CRANSTON	State RI	Zip 02920	City CLAYVILLE	State RI	Zip 02850
Director Name JAKE NEVCHERTIAN			Director Name TERRY ORNDOFF		
Street Address 44 HIGHLAND TERRANCE			Street Address 75 LIBERTY CHURCH RD		
City N. SITUATE	State RI	Zip 02857	City EXETER	State RI	Zip 02822
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 JUN 23 AM 10:24
 02906

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 13 2013

49-199228

A.A.

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.

Richard Capracotta 5/26/13
Signature of Officer Date

RICHARD CAPRACOTTA
Print or Type Name of Officer

SECRETARY
Title of Officer