

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 2013

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 subj

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North Smithfield RI Secretary Name Michael Plante Sr. Street Address 45 Sayles Hill Rd. City State North Smithfield RI	■ ⁻	I _*		
Secretary Name Michael Plante Sr. Street Address 45 Sayles Hill Rd. City State North Smithfield RI	02876		State	Zip
Michael Plante Sr. Street Address 45 Sayles Hill Rd. City State North Smithfield RI		Greenville	RI	02828
45 Sayles Hill Rd. City State North Smithfield RI		Treasurer Name Roger Lambert		
North Smithfield RI		Street Address 14 Orleans St.		
	Zip	City	State	Zip
S NAMES AND ADDRESSE OF THE	02896	Johnston	RI	02010
o. Names and Addresses of the	DIRECTORS: ("X" BOX FOR ATTA	CHMENT)∏ FILL IN SPAC	ES BEFORE USING ATTACE	IMENTS
THE NUMBER OF DIRECTORS OF A	DOMESTIC (RHODE ISLAND)	CORPORATION SHALL N	OT BE LESS THAN THREE	(3) RIGI 7.6.
Director Name	r	Director Name Roger Therein		
Leo Lozeau				
Street Address		Street Address		
16 Branch Ave.		151 Rocky Hill Rd		
City State	Zip	City	State	Zip
Cumberland RI	02864	North Smithfield	RI	02896
Director Name		Director Name		02030
John Schupp		Ron Girard		
itreet Address		Street Address		
14 Laurel Street		77 Urrico Ave		
State State	Zip	City	State	Zip
Pawtucket RI	02860	North Smithfield	RI	l -
. REGISTERED AGENT IN RHODE IS	SLAND - DO NOT ALTER - Chang	tes require filing of Force	[13] n 641 . R F G T -7.6.12 / 7	02896
gent Name		Address	041 - K.I.G.L. /-0-15 / /-	0-76
ucien Bibeault		POB 894		
ddress		City		
:/o Sayles Hill Rod & Gun Club, 7	0 Sayles Hill Rd. N. Smithfield		<i>Zip</i> 02895	

	3 Fil 2 ED 6	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that a	nis
File Date	JUN 1 4 2013 MMC	statements contained herein and true and correct. Signature of Option Roger Lambert	21 —
Ву:	ECRETARY OF STATE USE ONLY	Print or Type Name of Officer Treasurer Title of Officer	_