

## 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

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

8. REGISTERED AGENT IN AHODE JELAND

This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation Warnick SPITTSMan's 29503 3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island Hunting, Fishing, Shooting, 5. Principal office address City E. Prov. 10 DUNbar AVE aro € Street Address CABOSTON Zip 02920 Secretary Name Treasurer Name Richard Capraco TTd DJYIL Street Address 2 MORECTIC AYC 10 DUNBER City KOTHICK 02916 7. LIST ALL DIRECTORS (MANUS AND ADDRESSES), BHODE SPLAYS CONFORATIONS SINESE LIST NO LESS THE BOX FOR ATTACHMENT) Director Name Director Name Jerome Orndors-F 75 LIBERTY Church Rd Zip 02850 02822 Director Name Edwards PATENOVJE Richard Lance Street Address KIZZK RD

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

COLUMN CO		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.
Check to:	FILED	Rechard Coprace Lane 3, 2014 Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	JUN 03 2014	Signature of Officer or Authorized Representative Date
	.225491	Richard Corracotta
orm No. 631		Print or Type Name of Officer or Authorized Representative

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Form No. 631 Revised: 04/2014

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