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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Of ce 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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
26414	Narragansett Gun Club
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Shooting and gun club

5. Principal of ce address	City	State	Zip
541 Austin Farm Road	Exeter	RI	02822

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Thomas Northup	c/o Austin Farm Road	Exeter	RI	02822

Vice-President Name	Street Address	City	State	Zip
Richard Cheetham	c/o 541 Austin Farm Road	Exeter	RI	02822

Secretary Name	Street Address	City	State	Zip
G. John Gazerro, Jr.	c/o 541 Austin Farm Road	Exeter	RI	02822

Treasurer Name	Street Address	City	State	Zip
Keith Fine	c/o 541 Austin Farm Road	Exeter	RI	02822

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Ralph Martinelli	c/o 541 Austin Farm Road	Exeter	RI	02822

Director Name	Street Address	City	State	Zip
Ron Fasula	c/o 541 Austin Farm Road	Exeter	RI	02822

Director Name	Street Address	City	State	Zip
Eugene Carigan	c/o 541 Austion Farm Road	Exeter	RI	02822

Director Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND G. John Gazerro, Jr. 1551 Centreville Rd Warwick, RI 02889

This information is currently of record in the Of ce of the Secretary of State. Changes require ling Form 641.

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

FILED
JUN 18 2014
BY

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af rm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Of cer or Authorized Representative — Date: 6/13/14

KEITH FINE, TREASURER
Print or Type Name of Of cer or Authorized Representative

Form No. 631
Revised. 04/2014

108358-3-953239