



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

2014 JUL 17
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 STATE CORPORATIONS DIV

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. 000028287		2. Exact name of the Corporation MASSASOIT GUN CLUB INC.	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island A SOCIAL CLUB FOR THE MAINTENANCE OF SAFE SHOOTING FACILITY, THE PROMOTION OF COMPETITIVE TEAM SHOOTING, AND PROPER INSTRUCTION FOR MEMBERS	
5. Principal office address 21 ABRAHAM RD		City EAST PROVIDENCE	State R.I.
		Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name WILLIAM PENNOYER		Vice-President Name LARRY CIOLFI	
Street Address 45 CIRCUIT DR.		Street Address 12 HAYLEE CT.	
City RIVERSIDE	State R.I.	City SEENOOK	State MA
Zip 02915		Zip 02771	
Secretary Name STEPHEN GERLING		Treasurer Name CHARLES COLE	
Street Address 150 PEACH ORCHARD DR.		Street Address 15 ELSON DR.	
City RIVERSIDE	State R.I.	City RIVERSIDE	State R.I.
Zip 02915		Zip 02915	
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 WILLIAM PENNOYER		Director Name LARRY CIOLFI	
Street Address 45 CIRCUIT DR.		Street Address 12 HAYLEE CT.	
City RIVERSIDE	State R.I.	City SEENOOK	State R.I.
Zip 02915		Zip 02915	
Director Name STEPHEN GERLING		Director Name CHARLES COLE	
Street Address 150 PEACH ORCHARD DR.		Street Address 15 ELSON DR.	
City RIVERSIDE	State R.I.	City RIVERSIDE	State R.I.
Zip 02915		Zip 02915	
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.			

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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BY KL 28773
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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.

William Pennoyer 7-17-14
 Signature of Officer or Authorized Representative Date

PARMENT
 Print or Type Name of Officer or Authorized Representative