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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
30985	**COVENTRY OUTDOOR MEN'S CLUB**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**HOLDING FUNDRAISERS AND DONATING THE PROCEEDS TO CHARITIES AND NEEDY FAMILIES**

5. Principal office address	City	State	Zip
685 HAMMET RD	**COVENTRY**	**RI**	**02816**

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

President Name	Vice-President Name
RONALD S. WOOD	**WAYNE LOTITO**
Street Address: **685 HAMMET RD**	Street Address: **19 COVENTRY DRIVE**
City: **COVENTRY** State: **RI** Zip: **02816**	City: **COVENTRY** State: **RI** Zip: **02816**
Secretary Name: **LUIS ROSA**	Treasurer Name: **TONY ELLINWOOD**
Street Address: **7 VIOLA STREET**	Street Address: **770 KNOTTY OAK ROAD**
City: **COVENTRY** State: **RI** Zip: **02816**	City: **COVENTRY** State: **RI** Zip: **02816**

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

Director Name	Director Name
RONALD S. WOOD	**WAYNE LOTITO**
Street Address: **685 HAMMET RD**	Street Address: **19 COVENTRY DRIVE**
City: **COVENTRY** State: **RI** Zip: **02816**	City: **COVENTRY** State: **RI** Zip: **02816**
Director Name: **LUIS ROSA**	Director Name: **TONY ELLINWOOD**
Street Address: **7 VIOLA STREET**	Street Address: **770 KNOTTY OAK ROAD**
City: **COVENTRY** State: **RI** Zip: **02816**	City: **COVENTRY** State: **RI** Zip: **02816**

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

FILED
JUN 19 2015
BY 1245

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.

Tony Ellinwood 6-17-2015
Signature of Officer or Authorized Representative Date

Tony Ellinwood
Print or Type Name of Officer or Authorized Representative

Form No. 631
122181-16-1044428
Revised: 04/2014