



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 102586		2. Exact name of the Corporation Robin Hollow Outfitters, Inc.			
3. Principal office address 200B Pheasant Drive			City Mapleville	State RI	Zip 02839
4. Business Phone No. 401.568.0331			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Resale of Sporting Shotguns hunting equipment, instruction in sporting firearms, related sales and training and all activities lawful within this chapter.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William E. Hadfield			Vice-President Name James V. Flanagan		
Street Address 200B Pheasant Drive			Street Address 87 Shadow Brook Drive		
City Mapleville	State RI	Zip 02829	City Warwick	State RI	Zip 02886
Secretary Name James V. Flanagan			Treasurer Name William E. Hadfield		
Street Address 87 Shadow Brook Drive			Street Address 200B Pheasant Drive		
City Warwick	State RI	Zip 02886	City Mapleville	State RI	Zip 02829
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William E. Hadfield			Director Name James V. Flanagan		
Street Address 200B Pheasant Drive			Street Address 87 Shadow Brook Drive		
City Mapleville	State RI	Zip 02829	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	One Class	No par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FILED

MAR 16 2016

BY CA 4429

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 E. Hadfield
 Signature of Authorized Representative

3-1-16
 Date

William E. Hadfield
 Print or Type Name of Authorized Representative