



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 25 PM 12:12

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
811258		Rhode Island Revolver and Rifle Association Inc			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To defend our Second Amendment rights.			
5. Principal Office Address		City	State	Zip	
118 Scenic Drive		Cranston	RI	02920	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph Graf			Vice-President Name Harold Rocketto		
Street Address 78 Old Quarry Road			Street Address 18 Stenton Avenue		
City North Scituate	State RI	Zip 02857	City Westerly	State RI	Zip 02891
Secretary Name Gail A. Hogan			Treasurer Name George Kudlak		
Street Address 118 Scenic Drive			Street Address 440 Hog House Hill Road		
City Cranston	State RI	Zip 02920	City West Kingston	State RI	Zip 02892
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Charles Hawkins			Director Name Brenda Jacob		
Street Address 226 Plain Meeting House Road			Street Address 214 Plain Meeting House Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name Joseph Chrostowski			Director Name Raymond Casale		
Street Address P O Box 123			Street Address 1072 Pippin Orchard Road		
City Rockville	State RI	Zip 02873	City Cranston	State RI	Zip 02921
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Gail A. Hogan				Date May 19, 2016	
Signature of Officer/Authorized Representative Gail A. Hogan				<small>Digitally signed by Gail A. Hogan DN: cn=Gail A. Hogan, o=RI Revolver &amp; Rifle Assn Inc. ou, email=gahogan777@hotmail.com, c=US Date: 2016.05.19 15:11:54 -0400</small>	

FILED

MAY 25 2016

By C 10260698