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State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 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
28936	Victory Sportsmen's Club
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Promote fish & Game interest / sportsmen's activities

5. Principal Office Address	City	State	Zip
161 Willie Woodhead Rd	Glocester	RI	02814

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Colby M Carter	Jamie Lorenzo
Street Address: 7 Salisbury Road	Street Address: 144 central street
City: Chepachet / State: RI / Zip: 02814	City: Millville / State: MA / Zip: 01529
Secretary Name: Paul J Gasbarro	Treasurer Name: Russel S Carpentier
Street Address: 4 Serian cr	Street Address: P.O Box 802
City: Johnston / State: RI / Zip: 02919	City: Chepachet / State: RI / Zip: 02814

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.
Check the box to indicate an attachment ☑

Director Name	Director Name
Tom Desrosiers	John Caldarone
Street Address: 137 central street	Street Address: 37 Laurel Drive
City: Millville / State: MA / Zip: 01529	City: Chepachet / State: RI / Zip: 02814
Director Name: Pete Dube	Director Name: Chris Hurry
Street Address: 48 Douglas Hook Road	Street Address: 4 wilkinson Road
City: Chepachet / State: RI / Zip: 02814	City: N. Scituate / State: RI / Zip: 02857

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Paul Gasbarro	5/25/16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED DV
JUN 02 2016
BY 4288

Form No. 631
Revised: 2016
137592-6-1120652

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Rhode Island	

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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Financial Paul OcTeau			Treasurer Name		
Street Address 16 Welcome Rd			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name Ray Porter			Sargent at arms Jeff aubin		
Street Address 60 Serrel Sweet RD			Street Address 287 East ave		
City Johnston	State RI	Zip 0219	City Harrisville	State RI	Zip 02830
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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Name of Officer/Authorized Representative	Date
Paul GasBarro	5/25/16

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

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