



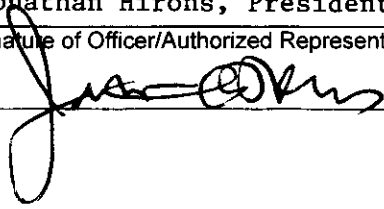
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
29023		SMITHFIELD SPORTSMAN'S CLUB			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		promote sports activity/fishing/archery/rifle/pistol and trap shooting			
5. Principal Office Address			City	State	Zip
14 Walter Carey Road			Smithfield	RI	02917
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jonathan Hirons			Vice-President Name Timothy Yuettner		
Street Address 62 Hagerstown Road			Street Address 28 Versailles Street		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02920
Secretary Name Sandra Davis			Treasurer Name Michael Paiva		
Street Address 19 Burgess Drive			Street Address 5 Lee Drive		
City Warwick	State RI	Zip 02886	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 <input checked="" type="checkbox"/>
Director Name Wayne Farrington			Director Name James Brewer		
Street Address 161 Tarklin Road			Street Address 115 Ardway Avenue		
City Chepachet	State RI	Zip 02814	City Warwick	State RI	Zip 02889
Director Name Ernest Latorre			Director Name Sandra Davis		
Street Address 443 Farnum Pike			Street Address 19 Burgess Drive		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
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.					
<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 Jonathan Hirons, President				Date 6/1/2016	
Signature of Officer/Authorized Representative 					

SIGNATURE GOVERNMENT HERE

FILED 

JUN 06 2016

BY 4146

**SMITHFIELD SPORTSMAN'S CLUB
ID #29023**

ADDITIONAL DIRECTORS:

David Farrar
102 Hedley Avenue
Johnston, RI 02919

Robert Dionne
19 East Prospect Street
Esmond, RI

Leslie Mundy
151 East Avenue
Harrisville, RI

Ron Maloff
11 Alpine Ridge
Smithfield, RI 02917

Robert Peters
14 Sweet Road
Esmond, RI 02917