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
28053	**NORTH TIVERTON SPORTSMEN'S CLUB , INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**PRIVATE MENS SOCIAL CLUB**

5. Principal Office Address	City	State	Zip
8 ROCK STREET	**TIVERTON**	**RI**	**02878**

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

President Name **TROY DAVIS**			Vice-President Name **JEFF REGO**		
Street Address **147 RANDOLF AVENUE**			Street Address **403 FISH ROAD**		
City **TIVERTON**	State **RI**	Zip **02878**	City **TIVERTON**	State **RI**	Zip **02878**
Secretary Name **JAY LINHARES**			Treasurer Name **RONALD DUFAULT**		
Street Address **8 ROCK STREET**			Street Address **456 VINNICUM ROAD**		
City **TIVERTON**	State **RI**	Zip **02878**	City **SWANSEA**	State **MA**	Zip **02777**

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

Director Name **JEFF REGO**			Director Name **JOHN WENCLAWIK**		
Street Address **403 FISH ROAD**			Street Address **26 ASHLAND PLACE**		
City **TIVERTON**	State **RI**	Zip **02878**	City **NEW BEDFORD**	State **MA**	Zip **02878**
Director Name **RON DUFAULT**			Director Name		
Street Address **456 VINNICUM ROAD**			Street Address		
City **SWANSEA**	State **MA**	Zip **02777**	City	State	Zip

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
Ronald E Dufault	6/3/16
Signature of Officer/Authorized Representative	

FILED
JUN 06 2016
by 2240

Form No. 631