



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

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 SECRETARY OF STATE
 CORPORATIONS DIV
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1. Entity ID Number <u>160252</u>		2. Exact name of the Corporation <u>Northern Rhode Island Sportsmen's Club</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>An organization that shares a common interest in outdoor activities</u>	
5. Principal Office Address <u>PO Box 262</u>		City <u>Pascoag</u>	State <u>RI</u>
		Zip <u>02859</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>David Ames</u>		Vice-President Name <u>Joe Plasczyk</u>	
Street Address <u>12 Old Cooper Rd</u>		Street Address <u>16 Lowndes Ave</u>	
City <u>Middleville</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02839</u>		Zip <u>02816</u>	
Secretary Name <u>Brygg Davenport</u>		Treasurer Name <u>Mark McLean</u>	
Street Address <u>4 Franconia Rd</u>		Street Address <u>671 Twin Brook Lane</u>	
City <u>Harrisville</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02830</u>		Zip <u>02816</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Brian Martin</u>		Director Name <u>Red Bulduc</u>	
Street Address <u>80 Main St</u>		Street Address <u>915 Wallum Lake Rd</u>	
City <u>Slater'sville</u>	State <u>RI</u>	City <u>Pascoag</u>	State <u>RI</u>
Zip <u>02876</u>		Zip <u>02859</u>	
Director Name <u>Jason Moore</u>		Director Name	
Street Address <u>67 Overlook Dr</u>		Street Address	
City <u>Greenwich</u>	State <u>RI</u>	City	State
Zip <u>02816</u>		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.			
<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 <u>Mark McLean</u>		Date <u>7-21-16</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 21 2016
 By 279594
 A.A.