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.

1. Entity ID Number	2. Exact name of the Corporation
000796390	Second Amendment Coalition
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Provide education and advocate for gun owners rights pursuant to the second

5. Principal Office Address	City	State	Zip
928 Atwood Avenue	Johnston	RI	02919

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

President Name Frank R. Saccoccio			Vice-President Name Michael P. O'Neil		
Street Address 928 Atwood Avenue			Street Address 928 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Raymond Bradley			Treasurer Name Frank R. Saccoccio		
Street Address 928 Atwood Avenue			Street Address 928 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

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

Director Name Frank R. Saccoccio			Director Name Michael P. O'Neil		
Street Address 928 Atwood Avenue			Street Address 928 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Marsha Levy			Director Name		
Street Address 928 Atwood Avenue			Street Address		
City Johnston	State RI	Zip 02919	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
Frank R. Saccoccio	08/01/2016

Signature of Officer/Authorized Representative

Frank R. Saccoccio Esq. SIGN DOCUMENT HERE

FILED
AUG - 5 2016
BY 1029 DS

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

FORM 631 - Revised: 05/2016