



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

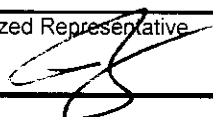
Annual Report for the year: 2017

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 27630		2. Exact name of the Corporation Newport Rifle Club	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island NON-PROFIT CORPORATION PROMOTING THE SAFE USE OF FIREARMS AND TARGET COMPETITION	
4. NAICS Code 711211 624210 Community Fec			
6. Principal Office Address 360 WYATT ROAD		City MIDDLETOWN	State RI
		Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name DAVID JONES		Vice-President Name THOMAS FRANK	
Street Address 20 SAMSON LANE		Street Address 40 SWAN DRIVE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Secretary Name LORI SILVA		Treasurer Name ROBERT KING	
Street Address 5 LEPES ROAD		Street Address 200 JOHN KESSON LANE	
City TIVERTON	State RI	City MIDDLETOWN	State RI
Zip 02878		Zip 02842	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name DAVID JONES		Director Name THOMAS FRANK	
Street Address 20 SAMSON LANE		Street Address 40 SWAN DRIVE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Director Name ROBERT KING		Director Name	
Street Address 200 JOHN KESSON LANE		Street Address	
City MIDDLETOWN	State RI	City	State
Zip 02842		Zip	
9. 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 ROBERT KING			Date 6/19/17
Signature of Officer/Authorized Representative 			

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
JUN 23 2017
BY **3755 DS**

FORM 631 - Revised: 06/2017