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	2. Exact name of the Corporation
27630	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 Foo~~	

6. Principal Office Address	City	State	Zip
360 WYATT ROAD	MIDDLETOWN	RI	02842

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

President Name	Vice-President Name
DAVID JONES	THOMAS FRANK
Street Address: 20 SAMSON LANE	Street Address: 40 SWAN DRIVE
City: MIDDLETOWN State: RI Zip: 02842	City: MIDDLETOWN State: RI Zip: 02842
Secretary Name	**Treasurer Name**
LORI SILVA	ROBERT KING
Street Address: 5 LEPES ROAD	Street Address: 200 JOHN KESSON LANE
City: TIVERTON State: RI Zip: 02878	City: MIDDLETOWN State: RI 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	Director Name
DAVID JONES	THOMAS FRANK
Street Address: 20 SAMSON LANE	Street Address: 40 SWAN DRIVE
City: MIDDLETOWN State: RI Zip: 02842	City: MIDDLETOWN State: RI Zip: 02842
Director Name: ROBERT KING	Director Name:
Street Address: 200 JOHN KESSON LANE	Street Address:
City: MIDDLETOWN State: RI Zip: 02842	City: State: 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.

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
ROBERT KING	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