

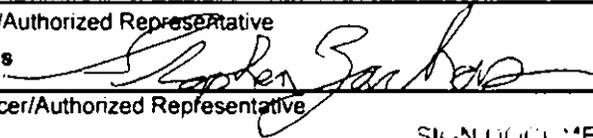


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAR -2 AM 10:38

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 572995		2. Exact name of the Corporation The South County Rod and Gun Club I			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SPORTSMAN, INVOLVING COMPETITION, JR. PROGRAMS, CONSERVATION OF FISH AND GAME, PROPER USE OF FIREARMS			
4. NAICS Code 813319					
6. Principal Office Address 70 Raccoon Hill Road		City West Greenwich	State RI	Zip 02817	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Hawkins		Vice-President Name John Harte			
Street Address 226 Plain Meetinghouse Road		Street Address 5 Woody Hill Road			
City West Greenwich	State RI	Zip 02817	City Exeter	State RI	Zip 02822
Secretary Name Larry Metivier		Treasurer Name Stephen Zachas			
Street Address 96 Muddy Brook Road		Street Address 70 Raccoon Hill Road			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. 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 Mark Giollitti		Director Name Ron Neville			
Street Address 18 York Drive		Street Address 32 Laurel Avenue			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Kenneth Falcone		Director Name			
Street Address 717 Middlebridge Road		Street Address			
City South Kingstown	State RI	Zip 02879	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.					
<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 Stephen Zachas 				Date 3/2/2018	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT FILED

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

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