



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

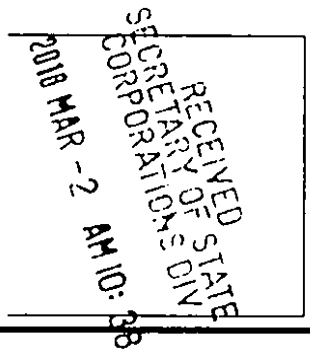
Annual Report for the year:

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 Giolitti			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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
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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BY 325720

FORM 631 - Revised: 11/2017