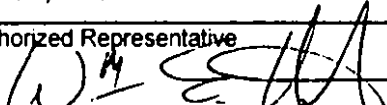




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 102586		2. Exact name of the Corporation Robin Hollow Outfitters, Inc.			
3. Principal Office Address 200B Pheasant Drive		City Mapleville		State RI	Zip 02829
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island Resale of Sporting Shotguns, hunting equipment, instruction of Sporting Firearms, related services and all lawful activities within this chapters.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William E. Hadfield			Vice-President Name James V. Flanagan		
Street Address 200B Pheasant Drive			Street Address 187 Shadow Brook Drive		
City Mapleville	State RI	Zip 02829	City Warwick	State RI	Zip 02886
Secretary Name James V. Flanagan			Treasurer Name William E. Hadfield		
Street Address 187 Shadow Brook Drive			Street Address 200B Pheasant Drive		
City Warwick	State RI	Zip 02886	City Mapleville	State RI	Zip 02829
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William E. Hadfield			Director Name James V. Flanagan		
Street Address 200B Pheasant Drive			Street Address 187 Shadow Brook Drive		
City Mapleville	State RI	Zip 02829	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 300		CLASS/SERIES RI	PAR VALUE no par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative William E. Hadfield, President					Date 3/8/18
Signature of Authorized Representative 					FILED MAR 12 2018
SIGN DOCUMENT HERE					

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

BY 4814 QS