



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

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SECRETARY OF STATE
CORPORATIONS DIV
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Annual Report for the year: 2018
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 811258		2. Exact name of the Corporation RHODE ISLAND REVOLVER and RIFLE Association INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To defend our Second Amendment rights.	
4. NAICS Code 813940			
6. Principal Office Address 118 SCENIC DRIVE		City CRANSTON	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH GRAF		Vice-President Name HAROLD ROCKETTO	
Street Address 78 OLD QUARRY ROAD		Street Address 18 STENTON AVENUE	
City NORTH SCITUATE	State RI	City WESTERLY	State RI
Zip 02857		Zip 02891	
Secretary Name GAIL A. HOGAN		Treasurer Name GEORGE KUDLAK	
Street Address 118 SCENIC DRIVE		Street Address 440 HOG HOUSE HILL ROAD	
City CRANSTON	State RI	City EXETER	State RI
Zip 02920		Zip 02822	
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 CHARLES HAWKINS		Director Name BRENDA JACOB	
Street Address 226 PLAIN MEETING HOUSE ROAD		Street Address 214 PLAIN MEETING HOUSE ROAD	
City WEST GREENWICH	State RI	City WEST GREENWICH	State RI
Zip 02817		Zip 02817	
Director Name JOSEPH CHROSTOWSKI		Director Name RAYMOND CASALE	
Street Address PO BOX 123		Street Address 1072 PIPPIN ORCHARD ROAD	
City ROCKVILLE	State RI	City CRANSTON	State RI
Zip 02873		Zip 02924	
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 GAIL A HOGAN			Date April 23, 2018
Signature of Officer/Authorized Representative <i>Gail A Hogan</i>			

FILED

SIGN DOCUMENT HERE

APR 23 2018

BY 24514366 1:42

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