



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

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 28053		2. Exact name of the Corporation NORTH TIVERTON SPORTSMEN'S CLUB INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PRIVATE MEN'S SOCIAL CLUB	
4. NAICS Code 000028053			
6. Principal Office Address 8 ROCK ST		City TIVERTON	State RI
		Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name TROY DAVIS		Vice-President Name JEFFREY REGO	
Street Address 147 RANDOLPH AVENUE		Street Address 403 FISH ROAD	
City TIVERTON	State RI	City TIVERTON	State RI
Zip 02790		Zip 02790	
Secretary Name JOHN WENCZLAWIK		Treasurer Name RONALD W DUFALL	
Street Address 83 TENCKS ST.		Street Address 456 VINNICUM RD	
City FALL RIVER	State MASS	City SWANSEA	State MA
Zip 02723		Zip 02777	
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 JEFF REGO		Director Name EDGEE ALGEROY	
Street Address 403 FISH ROAD		Street Address 255 AMERICAN LEGION HIGHWAY	
City TIVERTON	State RI	City WEST PORT	State MA
Zip 02790		Zip 02780	
Director Name RONALD W DUFALL		Director Name TODD TURCOTTE	
Street Address 456 VINNICUM RD		Street Address 90 ELLIS STREET	
City SWANSEA	State MA	City SEEKONK	State MA
Zip 02777		Zip 02771	
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 RONALD W DUFALL TREASURER			Date 5-20-18
Signature of Officer/Authorized Representative <i>Ronald W Dufall</i>			

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

MAY 23 2018

BY 2416 DS

FORM 631 - Revised: 11/2017