



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

STATE OF RHODE ISLAND
 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 30956		2. Exact name of the Corporation Sayles Hill Rod & Gun Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social club			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 70 Sayles Hill Rd			City North Smithfield	State RI	Zip 02896
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Lachance			Vice-President Name Roger Jalette		
Street Address 38 Village Way			Street Address 38 Leigh Rd		
City North Smithfield	State RI	Zip 02896	City Cumberland	State RI	Zip 02864
Secretary Name Michael Plante Sr			Treasurer Name William Dawless		
Street Address 45 Sayles Hill Rd			Street Address 70 Sayles Hill Rd		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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 Kerry McNamara			Director Name Michael Plante Jr		
Street Address 260 Douglas Pike			Street Address 45 Sayles Hill Rd		
City Burrillville	State RI	Zip 02830	City North Smithfield	State RI	Zip 02896
Director Name John Schupp			Director Name Ron Girard		
Street Address 44 Laurel St			Street Address 77 Urrico Ave		
City Pawtucket	State RI	Zip 02860	City North Smithfield	State RI	Zip 02896
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 William Dawless				Date 6-15-18	
Signature of Officer/Authorized Representative <i>William D. Dawless</i>				FILED 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

JUN 18 2018
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