



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 0000 27466		2. Exact name of the Corporation Newport County Rod & Gun Association			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Wild life PROMULGATION AND PROTECTION (813312)			
5. Principal office address 19 WOOD RD		City MIDDLETOWN	State R.I.	Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALBERT ROSA			Vice-President Name ROY RUSHFORD		
Street Address 63 HALL			Street Address 30 PUNCH BOWL		
City Newport	State R.I.	Zip 02840	City W. KINGSTON	State R.I.	Zip 02892
Secretary Name HENRI CASSESE			Treasurer Name RAY DEPYPER		
Street Address 13 HAREWICK			Street Address 19 WOOD RD		
City Newport	State R.I.	Zip 02840	City MIDDLETOWN	State R.I.	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DIPLO BROWNELL			Director Name JERRY REISE		
Street Address 767 BUSHAWAY RD			Street Address 197 FROBORN		
City T. VERNON	State R.I.	Zip 02894	City PORTSMOUTH	State R.I.	Zip 02878
Director Name DON SIMON			Director Name DAVE WOOD		
Street Address PO BOX 503			Street Address 47 BROWN TR		
City LITTLE COMPTON	State R.I.	Zip 02837	City PORTSMOUTH	State R.I.	Zip 02870
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

JUN 18 2018

BY COO
LOA

Ray DePyper 12 MAY '18
Signature of Officer or Authorized Representative Date

RAY DEPYPER (TREAS)
Print or Type Name of Officer or Authorized Representative