



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 44065		2. Exact name of the Corporation Warwick Range Activities Committee (WRAC)			
3. State of Incorporation To Rhode Island		5. Brief description of the character of business conducted in Rhode Island To instruct Warwick youth in the safe handling of rifles			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 131 Range Road		City Warwick	State R.I.	Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Maher, Jr.			Vice-President Name Marie Zaminer		
Street Address 79 Princeton Ave.			Street Address 159 Tierman Ave.		
City Warwick	State R.I.	Zip 02889	City Warwick	State R.I.	Zip 02886
Secretary Name Lynn Marrone			Treasurer Name Scott Zaminer		
Street Address 146 Sunrise Ave.			Street Address 159 Tierman Ave.		
City West Warwick	State R.I.	Zip 02893	City Warwick	State R.I.	Zip 02886
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 James Hunt			Director Name Scott Zaminer		
Street Address 146 Sunrise Ave.			Street Address 159 Tierman Ave.		
City West Warwick	State R.I.	Zip 02893	City Warwick	State R.I.	Zip 02886
Director Name John S. DiPaola			Director Name		
Street Address 55 Legris Ave.			Street Address		
City Pawtucket	State R.I.	Zip 02861	City	State	Zip
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 				Date June 12, 2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 21 2018

BY

5103DS

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov