



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.

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN 25 PM 2:44

1. Entity ID Number 29503		2. Exact name of the Corporation The WARWICK SPORTSMANS ASSOCIATION	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB Hunting, Fishing, Shooting	
4. NAICS Code 813990			
6. Principal Office Address 332 S. County TRAIL		City Exeter	State R.I.
		Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL PATENSON		Vice-President Name RAY BRADLEY	
Street Address 332 S County TRAIL		Street Address 4203 South County TRAIL	
City Exeter	State R.I.	City CHARLESTOWN	State R.I.
Zip 02822		Zip 02813	
Secretary Name RONALD NELSON		Treasurer Name John BRADSHAW	
Street Address 41 Moulhawk DR		Street Address 12 Eldredge AVE	
City W. Greenwich	State R.I.	City E. Greenwich	State R.I.
Zip 02917		Zip 02818	
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 Richard PATENSON		Director Name THOMAS CAPRICCIO	
Street Address A-27 KUZOK RD		Street Address 51 Salem Ave	
City North Kingstown	State R.I.	City Cranston	State R.I.
Zip 02852		Zip 02920	
Director Name RAYMOND PRATT		Director Name	
Street Address 73 SPRUCE ST		Street Address	
City Cranston	State R.I.	City	State
Zip 02910		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.			
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 John Bradshaw		Date 25 June 18	
Signature of Officer/Authorized Representative TREASURER			
SIGN DOCUMENT HERE		FILED	

JUN 25 2018
BY 2333494