



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

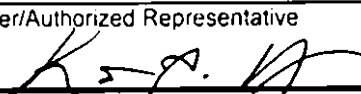
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**

JUN 29 2018

BY

|  |                 |   |  |                    |                       |
|--|-----------------|---|--|--------------------|-----------------------|
| 1. Entity ID Number<br><b>30997</b>  |                 | 2. Exact name of the Corporation<br><b>Rhode Island Skeet Shooting Association</b>  |  |                    |                       |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Promotion and regulation of competitive skeet shooting in Rhode Island.</b> |  |                    |                       |
| 4. NAICS Code<br><b>812990</b>   |                 |   |  |                    |                       |
| 6. Principal Office Address<br><b>1551 Centreville Road</b>  |                 |   | City<br><b>Warwick</b>                     | State<br><b>RI</b> | Zip<br><b>02886</b>   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                    |                       |
| President Name <b>Tom Enright</b>  |                 |   | Vice-President Name <b>Brett Keightley</b> |                    |                       |
| Street Address <b>1052 Main Street</b>   |                 |   | Street Address <b>5 Wildacre Lane</b>      |                    |                       |
| City <b>Warren</b>   | State <b>RI</b> | Zip <b>02885</b>  | City <b>Barrington</b>                     | State <b>RI</b>    | Zip <b>02806</b>      |
| Secretary Name <b>Kari Keightley</b>   |                 |   | Treasurer Name <b>Kari Keightley</b>       |                    |                       |
| Street Address <b>5 Wildacre Lane</b>  |                 |   | Street Address <b>5 Wildacre Lane</b>      |                    |                       |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>  | City <b>Barrington</b>                     | State <b>RI</b>    | Zip <b>02806</b>      |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                    |                       |
| Director Name <b>Bradley Collins</b>   |                 |   | Director Name <b>Phillip B. LaPointe</b>   |                    |                       |
| Street Address <b>47 Sagamore Steet</b>  |                 |   | Street Address <b>138 Cypress Avenue</b>   |                    |                       |
| City <b>Portsmouth</b>   | State <b>RI</b> | Zip <b>02871</b>  | City <b>Tiverton</b>                       | State <b>RI</b>    | Zip <b>02878</b>      |
| Director Name <b>Brett Keightley</b>   |                 |   | Director Name                              |                    |                       |
| Street Address <b>5 Wildacre Lane</b>  |                 |   | Street Address                             |                    |                       |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>  | 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.  |                 |   |  |                    |                       |
| <b>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.</b>        |                 |   |  |                    |                       |
| <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<br><b>Kari Keightley, Treasurer</b>  |                 |   |  |                    | Date<br><b>6-9-18</b> |
| Signature of Officer/Authorized Representative<br>  |                 |   |  |                    | SIGN DOCUMENT HERE    |

MAIL TO:  
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