



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

FORM 631 - Revised: 11/2017