



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

JUL 11 2018

BY

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1. Entity ID Number 29023		2. Exact name of the Corporation SMITHFIELD SPORTSMAN'S CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island promote sports activity/fishing/archery/rifle/pistol and trap shooting			
4. NAICS Code 711310					
6. Principal Office Address 14 Walter Carey Road		City Smithfield		State RI	Zip 02917-0000
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jonathan Hirons			Vice-President Name Timothy Yuettnner		
Street Address 62 Hagerstown Road			Street Address 28 Versailles Street		
City Warwick	State RI	Zip 02886-	City Cranston	State RI	Zip 02920-
Secretary Name Sandra Davis			Treasurer Name William Moore		
Street Address 19 Burgess Drive			Street Address 35 Boulevard Avenue		
City Warwick	State RI	Zip 02886-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Joseph Falcione			Director Name Ron Maloof		
Street Address 9 Pine Crest Drive			Street Address 11 Alpine Ridge		
City North Scituate	State RI	Zip 02857-	City Smithfield	State RI	Zip 02917-
Director Name George Corrente			Director Name Sandra Davis		
Street Address 2057 1/2 Smith Street			Street Address 19 Burgess Drive		
City North Providence	State RI	Zip 02911-	City Warwick	State RI	Zip 02886-
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 Jonathan Hirons President				Date 06/01/2018	
Signature of Officer/Authorized Representative <i>[Signature]</i> 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

SMITHFIELD SPORTSMAN'S CLUB
ID #29023

ADDITIONAL DIRECTORS:

David Farrar
102 Hedley Avenue
Johnston, RI 02919

Robert Dionne
19 East Prospect Street
Esmond, RI

Michael Salvatore, Jr.
19 West Bay Drive
Narragansett, RI 02882

Ralph Amato
38 Newman Avenue
Johnston, RI 02919

Robert Peters
14 Sweet Road
Esmond, RI 02917

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