



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 11 2018

BY

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 28936		2. Exact name of the Corporation VICTORY SPORTSMAN'S CLUB	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Permite Hunting and fishing, safety and knowledge also Build good standing in surrounding community with such activities and interest.	
4. NAICS Code 711310			
6. Principal Office Address 4 Setian Cr Johnston		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Jamie Lorenzo		Vice-President Name PAUL McGILLAN	
Street Address 144 Central St		Street Address 75 Warner Lane	
City Millville	State MA	City Pascoag	State RI
Zip 01529		Zip 02859	
Secretary Name PAUL Gasbarro		Treasurer Name Russell Carpenter	
Street Address 4 Setian Cr		Street Address 7 Burgess Rd	
City Johnston	State RI	City Foster	State RI
Zip 02919		Zip 02825	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Tom Desrosiers		Director Name Pete Dube	
Street Address 137 Central Street		Street Address 48 Douglas Hook Rd	
City Millville	State MA	City Chepachet	State RI
Zip 01529		Zip 02814	
Director Name John Caldarone		Director Name Colby Carter	
Street Address 37 Laurel Drive		Street Address 7 Salisbury Rd.	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
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 PAUL Gasbarro			Date 6/8/18
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov