State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUL 11 2018
BY 4383

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	2. Exact name of the Corporation
29936	Victory Sportsman's Club
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	To Promote Hunting and fishing, safty and knowledge, also Build good standing in surounding comunity with such activitys and intrest.
4. NAICS 71310	

6. Principal Office Address	City	State	Zip
4 Setian Cr Johnston	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jamie Lorenzo	Paul McGinn
Street Address: 144 Central St	Street Address: 75 Warner Lane
City: Millville / State: MA / Zip: 01529	City: Pascoag / State: RI / Zip: 02859
Secretary Name	**Treasurer Name**
Paul Gasbarro	Russell Carpentier
Street Address: 4 Setian Cr	Street Address: 7 Burgess Rd
City: Johnston / State: RI / Zip: 02919	City: foster / State: RI / 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	Director Name
Tom Desrosiers	Pete Dube
Street Address: 137 Central Street	Street Address: 48 Douglas Hook RD
City: Millville / State: MA / Zip: 01529	City: Chepachet / State: RI / Zip: 02814
Director Name	**Director Name**
John Caldarone	Colby Carter
Street Address: 37 Laurel Drive	Street Address: 7 Salisbury RD.
City: Chepachet / State: RI / Zip: 02814	City: Chepachet / State: RI / 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	Date
Paul Gasbarro	6/9/18

Signature of Officer/Authorized Representative

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