



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 AUG 23 AM 9:06

Annual Report for the year:

Non-Profit Corporation

2018 Amended

→ 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 26563		2. Exact name of the Corporation Hope Rifle & Pistol Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SALTY target shooting, safe Handling for Fire ARMS			
4. NAICS Code 541690					
6. Principal Office Address 223 MAINTON AVE		City PROVIDENCE	State RI	Zip 02908	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Frederick E. LaComb JR			Vice-President Name DAN BARNETTE		
Street Address 40 MURIEL AVE			Street Address 10 PLEMBROKE DR		
City NO. PROVIDENCE	State RI	Zip 02911	City JOHNSTON	State RI	Zip 02919
Secretary Name MICHAEL PAGLIARINI			Treasurer Name JOSEPH MANSOLILLO		
Street Address 51 COMMODORE AVE			Street Address 552 CENTRAL AVE		
City WARWICK	State RI	Zip 02888	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Frederick E. LaComb JR			Director Name DAN BARNETTE		
Street Address 40 MURIEL AVE			Street Address 10 PLEMBROKE DR		
City NO. PROVIDENCE	State RI	Zip 02911	City JOHNSTON	State RI	Zip 02919
Director Name MICHAEL PAGLIARINI			Director Name JOSEPH MANSOLILLO		
Street Address 51 COMMODORE AVE			Street Address 552 CENTRAL AVE		
City WARWICK	State RI	Zip 02888	City JOHNSTON	State RI	Zip 02919
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 Frederick E. LaComb JR					Date 8/23/18
Signature of Officer/Authorized Representative Frederick E. LaComb JR					

FILED

AUG 23 2018

BY KL 9:06