



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

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000003083		2. Exact name of the Corporation BULLSEYE SHOOTING SUPPLIES, INC.			
3. Principal Office Address 837 PARK AVENUE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 451110		5. Brief description of the character of business conducted in Rhode Island TO CARRY ON A GENERAL SPORTING GOODS SALES BUSINESS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL JAMES CONNOLLY			Vice-President Name PAUL JAMES CONNOLLY		
Street Address 73 SAYLES HILL ROAD			Street Address 73 SAYLES HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name PAUL JAMES CONNOLLY			Treasurer Name PAUL JAMES CONNOLLY		
Street Address 73 SAYLES HILL ROAD			Street Address 73 SAYLES HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL JAMES CONNOLLY			Director Name		
Street Address 73 SAYLES HILL ROAD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1,000		10. Shares Issued 1,000		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		CNP	
				PAR VALUE	
				\$ -0-	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative PAUL JAMES CONNOLLY				Date 12.28.2018	
Signature of Authorized Representative <i>Paul James Connolly</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 02 2019
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