



FILED

JUN 06 2019

BY

Annual Report for the year:
 Non-Profit Corporation

2019

- 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 29137		2. Exact Name of the Corporation THE NEW HAVEN LAKE ROD & GUN CLUB	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ROD & GUN CLUB	
4. NAICS Code 711211		DOMESTIC NON-PROFIT CORPORATION	
6. Principal Office Address 200 BROOK ROAD		City HARRISVILLE	State R.I.
		Zip 02830	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name TIMOTHY BURDICK		Vice-President Name ERIK EKROTH	
Street Address 480 TARKIN ROAD		Street Address 280 MOXSIE AVE.	
City WARREN	State R.I.	City WARREN	State R.I.
Zip 02830		Zip 02889	
Secretary Name WILLIAM MICHAELSON		Treasurer Name HARRY L. SIMONSEN	
Street Address 20 LINDEN ST.		Street Address 46 MAPLECREST DR.	
City DOUGLAS	State MA	City SMITHFIELD	State R.I.
Zip 01516		Zip 02828	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JAMES RICHARDSON		Director Name RAY LAURENDEAU	
Street Address 1470 SPRING LAKE ROAD		Street Address 88 POUND ROAD	
City HARRISVILLE	State R.I.	City CUMBERLAND	State R.I.
Zip 02830		Zip 02846	
Director Name NORMAN FONTAINE		Director Name GERALD POUNDERS	
Street Address 406 NORTH ROAD		Street Address 468 CHURCH ST.	
City ROCKVILLE	State R.I.	City PASCOAG	State R.I.
Zip 02833		Zip 02859	
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 GOSTINO P. ANTONUCCI			Date 6/4/2019
Signature of Officer/Authorized Representative 			