

FILED

JUN 07 2019 *2*

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

RY 7065

1. Entity ID Number 27630		2. Exact name of the Corporation Newport Rifle Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit corporation promoting the safe use of firearms and target competition.			
4. NAICS Code 711211					
6. Principal Office Address 360 Wyatt Road		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Jones			Vice-President Name Thomas Frank		
Street Address 20 Samson Lane			Street Address 40 Swan Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Frances Falsey			Treasurer Name Robert King		
Street Address 71 Columbia Avenue			Street Address 200 John Kesson Lane		
City Jamestown	State RI	Zip 02835	City Middletown	State RI	Zip 02842
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 David Jones			Director Name Thomas Frank		
Street Address 20 Samson Lane			Street Address 40 Swan Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Robert King			Director Name		
Street Address 200 John Kesson Lane			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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 ROBERT M. KING TREASURER				Date 6/5/19	
Signature of Officer/Authorized Representative 					