

 Department of State - Business Services Division

Annual Report for the year: 2019
 Non-Profit Corporation

FILED

JUN 07 2019 *J*

- 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
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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

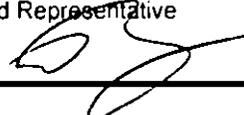
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Jones		Director Name Thomas Frank			
Street Address 20 Samson Lane		Street Address 40 Swan Drive			
City Middletown	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
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Signature of Officer/Authorized Representative 	ROBERT M. KING
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040