



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

FILED

JUN 10 2019

BY 3450

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Annual Report for the year: 2019
Non-Profit Corporation

- 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 62561		2. Exact name of the Corporation Pine Tree Gun Club					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Shooting club and shooting range					
4. NAICS Code 813319 - Other Social Advoc							
6. Principal Office Address Pole #4 Balcom Road				City Foster	State RI	Zip 02825	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Fred Trapassi				Vice-President Name John Kane			
Street Address 18 Franklin Road				Street Address 55 White Pine Drive			
City Hope	State RI	Zip 02831		City North Scituate	State RI	Zip 02857	
Secretary Name Joe Alper				Treasurer Name Herbert Gowdey			
Street Address 93 Mount Hygeia Road				Street Address 264 Simmonsville Avenue			
City Foster	State RI	Zip 02825		City Johnston	State RI	Zip 02919	
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 Dennis Lavoie				Director Name Greg Dexter			
Street Address Spruce Valley Drive				Street Address 500 Rocky Hill Road			
City North Scituate	State RI	Zip 02857		City North Scituate	State RI	Zip 02857	
Director Name Charles Parillo				Director Name			
Street Address 345 Gleaner Chapel Road				Street Address			
City North Scituate	State RI	Zip 02857		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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>							
Name of Officer/Authorized Representative ANDREW A. TRAPASSI, JR.						Date 5-21-19	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>						SIGN DOCUMENT HERE	

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