



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

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.

FILED

JUN 27 2019

1591 02

1. Entity ID Number 30997		2. Exact name of the Corporation Rhode Island Skeet Shooting Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promotion and regulation of competitive skeet shooting in Rhode Island			
4. NAICS Code 812990					
6. Principal Office Address 1551 Centreville Road		City Warwick	State RI	Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tom Enright JOHN CLARK		Vice-President Name Brett Keightley			
Street Address 1052 Main Street 30 ELM STREET		Street Address 5 Wildacre Lane			
City Warren WESTEXLY	State RI	Zip 02885 02891	City Barrington	State RI	Zip 02806
Secretary Name Kari Keightley		Treasurer Name Kari Keightley			
Street Address 5 Wildacre Lane		Street Address 5 Wildacre Lane			
City Barrington	State RI	Zip 02806	City Barington	State RI	Zip 02806
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 Bradley Collins		Director Name Phillip B. LaPointe			
Street Address 47 Sagamore Street		Street Address 138 Cypress Avenue			
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name Brett Keightley		Director Name			
Street Address 5 Wildacre Lane		Street Address			
City Barrington	State RI	Zip 02806	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 Kari Keightley, Treasurer				Date 6-21-19	
Signature of Officer/Authorized Representative 					

MAIL TO:
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