



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 MAR 26 P 12:41

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 30294		2. Exact name of the Corporation TRI-TOWN ROD AND GUN CLUB	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PISTOL AND RIFLE SHOOTING AND RELATED SPORTSMANS ACTIVITIES.	
4. NAICS Code 813990			
6. Principal Office Address 88 SANDY BROOK RD		City N. SCITUATE	State RI
		Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name VINCENT RINALDI		Vice-President Name JAMES BIAGIONI	
Street Address 2 APPIAN WAY		Street Address 128 FOSTER CENTER RD	
City JOHNSTON	State RI	City FOSTER	State RI
Zip 02919		Zip 02825	
Secretary Name DAVID HUGHES		Treasurer Name PATRICIA MOREAU	
Street Address 88 SANDY BROOK RD		Street Address 157 CENTRAL PIKE	
City N. SCITUATE	State RI	City FOSTER	State RI
Zip 02857		Zip 02825	
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 BIAGIONI		Director Name ROBERT DEPALO	
Street Address 128 FOSTER CENTER RD		Street Address 45 PLAINFIELD PIKE	
City FOSTER	State RI	City FOSTER	State RI
Zip 02825		Zip 02825	
Director Name DENNIS BRUNETTE		Director Name	
Street Address 3274 FLAT RIVER RD		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		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 DAVID HUGHES CLUB SECRETARY			Date 3-25-2020
Signature of Officer/Authorized Representative <i>David Hughes</i> SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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