



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 03 2020

BY 4535 DS

Annual Report for the year:

Non-Profit Corporation 2020

- > — 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 26749		2. Exact name of the Corporation ASHAWAY SPORTSMAN'S CLUB, INC.			
2. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Hunting and Fishing. Promote shooting sports, Sponsor Boy Scouts, Sponsor Area Huck Finn Day, Community Events, Sponsor Cub Scouts, Facilities used by various school and civic groups, promote preservation and protection of wildlife, support existing government regulations, improve forest habitat, support good sportsmanship			
4. NAICS Code 813319					
6. Principal Office Address P.O. BOX 257		City ASHAWAY		State RI	Zip 02804
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD MCQUAIDE			Vice-President Name RON SPOSATO		
351 ROSS HILL ROAD			Street Address 40 MAXSON HILL ROAD		
City CHARLESTOWN	State RI	Zip 02813	City ASHAWAY	State RI	Zip 02804
Secretary Name ROBERT HAYDEN			Treasurer Name STEVE HARVEY		
47 ELM STREET			Street Address 139 OLD COACH ROAD		
City WESTERLY	State RI	02891	City CHARLESTOWN	State RI	Zip 02813
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 CARSTEN			Director Name HOWARD RUSS		
Street Address 5501 A POST ROAD			Street Address PO BOX 95		
City CHARLESTOWN	State RI	Zip 02813	City WATERFORD	State CT	Zip 006285
Director Name BARRY MARLAND			Director Name		
Street Address PO BOX 595			Street Address		
City WYOMING	State RI	Zip 02813	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.					

Name of Officer/Authorized Representative
EDWARD A MCQUAIDE

Date

June 1, 2020

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE