



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
 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.

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FOR
 SECRETARY OF STATE
 RETURN

1. Entity ID Number 29023		2. Exact name of the Corporation SMITHFIELD SPORTSMAN'S CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island promote sports activity/fishing/archery/rifle/pistol and trap shooting			
4. NAICS Code 711310					
6. Principal Office Address 14 Walter Carey Road		City Smithfield		State RI	Zip 02917-0000
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan Hirons			Vice-President Name Timothy Yuctner		
Street Address 62 Hagerstown Road			Street Address 28 Versailles Street		
City Warwick	State RI	Zip 02886-	City Cranston	State RI	Zip 02920-
Secretary Name Sandra Davis			Treasurer Name William Moore		
Street Address 19 Burgess Drive			Street Address 35 Boulevard Avenue		
City Warwick	State RI	Zip 02886-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name John Simoneau, Jr.			Director Name John Fascitelli		
Street Address 14 Walter Carey Road			Street Address 801 Pinewood Drive		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
Director Name George Corrente			Director Name Sandra Davis		
Street Address 2057 1/2 Smith Street			Street Address 19 Burgess Drive		
City North Providence	State RI	Zip 02911-	City Warwick	State RI	Zip 02886-
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Jonathan Hirons President				Date 06/01/2020	
Signature of Officer/Authorized Representative 					

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

OCT 06 2020

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BY 4985 4987

FORM 631 - Revised: 08/2020

2020
SMITHFIELD SPORTSMAN'S CLUB
ID #29023

ADDITIONAL DIRECTORS:

David Farrar
102 Hedley Avenue
Johnston, RI 02919

Robert Dionne
19 East Prospect Street
Esmond, RI

Michael Salvadore, Jr.
19 West Bay Drive
Narragansett, RI 02882

Ralph Amato
38 Newman Avenue
Johnston, RI 02919

Christopher Cormier
14 Walter Carey Road
Smithfield, RI 02917