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State of Rhode Island
Department of State - Business Services Division

FILED
JAN 25 2021
BY 7132

Annual Report for the year:
Corporation 2021

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000003083	BULLSEYE SHOOTING SUPPLIES, INC.

3. Principal Office Address	City	State	Zip
837 PARK AVENUE	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
451110	TO CARRY ON A GENERAL SPORTING GOODS SALES BUSINESS
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
PAUL JAMES CONNOLLY	73 SAYLES HILL RD	NORTH SMITHFIELD	RI	02896

Vice-President Name	Street Address	City	State	Zip
PAUL JAMES CONNOLLY	73 SAYLES HILL RD	NORTH SMITHFIELD	RI	02896

Secretary Name	Street Address	City	State	Zip
PAUL JAMES CONNOLLY	73 SAYLES HILL RD	NORTH SMITHFIELD	RI	02896

Treasurer Name	Street Address	City	State	Zip
PAUL JAMES CONNOLLY	73 SAYLES HILL RD	NORTH SMITHFIELD	RI	02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
PAUL JAMES CONNOLLY	73 SAYLES HILL RD	NORTH SMITHFIELD	RI	02896
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CNP	$-0-

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Authorized Representative	Date
PAUL JAMES CONNOLLY	1-19-2021

Signature of Authorized Representative: Paul J Connolly

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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