



State of Rhode Island

Department of State - Business Services Division

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.

FILED

JAN 25 2021

BY

7132

1. Entity ID Number 000003083		2. Exact name of the Corporation BULLSEYE SHOOTING SUPPLIES, INC.			
3. Principal Office Address 837 PARK AVENUE		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 451110	6. Brief description of the character of business conducted in Rhode Island 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 PAUL JAMES CONNOLLY			Vice-President Name PAUL JAMES CONNOLLY		
Street Address 73 SAYLES HILL RD			Street Address 73 SAYLES HILL RD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name PAUL JAMES CONNOLLY			Treasurer Name PAUL JAMES CONNOLLY		
Street Address 73 SAYLES HILL RD			Street Address 73 SAYLES HILL RD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PAUL JAMES CONNOLLY			Director Name		
Street Address 73 SAYLES HILL RD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 PAUL JAMES CONNOLLY					Date 1-19-2021
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.nh.gov