State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FILED
FEB 25 2021
BY 3216

1. Entity ID Number	2. Exact name of the Corporation			
000005781	D & L SHOOTING SUPPLIES, INC.			
3. Principal Office Address		City	State	Zip
3314 West Shore Road		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
451110	To repair, own, buy, lease or otherwise acquire, sell, convey, transfer, lease or otherwise dispose of sporting goods, guns, gun kits, gun tools, gun oil and gun accessories.			
5. State of Incorporation				
Rhode Island				

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

President Name: Allen Syslo			Vice-President Name: Allen Syslo		
Street Address: c/o 3314 West Shore Road			Street Address: c/o 3314 West Shore Road		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Allen Syslo			Treasurer Name: Allen Syslo		
Street Address: c/o 3314 West Shore Road			Street Address: c/o 3314 West Shore Road		
City: Warwick	State: RI	Zip: 02886	City: Wawick	State: RI	Zip: 02886

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

Director Name: Allen Syslo			Director Name		
Street Address: c/o 3314 West Shore Road			Street Address		
City: Warwick	State: RI	Zip: 02886	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	Common	No Par

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
Allen Syslo, Pres.	2-22-2021
Signature of 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

FORM 630 - Revised: 08/2020