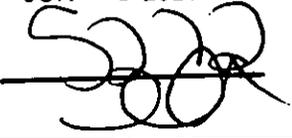




State of Rhode Island
Department of State - Business Services Division

FILED

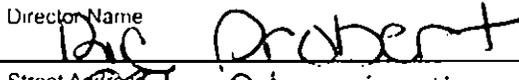
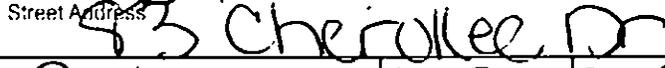
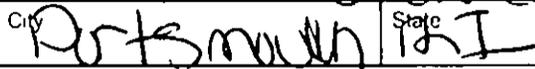
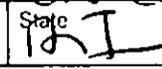
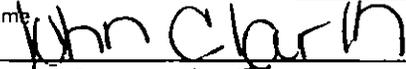
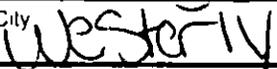
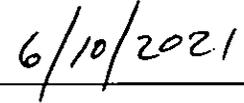
JUN 14 2021

BY 

Annual Report for the year: **2021**

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

1. Entity ID Number 30997		2. Exact name of the Corporation Rhode Island Skeet Shooting Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promotion and regulation if competitive skeet shooting in Rhode Island.			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 1551 Centreville Road		City Warwick		State RI	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Clark		Vice-President Name Ric Probert			
Street Address 30 Elm Street		Street Address 83 Cherokee Drive			
City Westerly	State RI	Zip 02891	City Portsmouth	State RI	Zip 02871
Secretary Name Philip LaPointe		Treasurer Name Philip LaPointe			
Street Address 136 Cypress Avenue		Street Address 136 Cypress Avenue			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 Brad Collins		Director Name 			
Street Address 47 Sagamore Street		Street Address 			
City Portsmouth	State RI	Zip 02871	City 	State 	Zip 
Director Name 		Director Name			
Street Address 		Street Address			
City 	State 	Zip 	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative 				Date 	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 722-3040
Website: www.sos.ri.gov