RI SOS Filing Number: 202198454670 Date: 6/17/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUN 17 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: 0000 27466	2. Exact name of the Corporation: NEWPORT COUNTY RODAND GUN ASSOCIATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: SPREAD INFORMATION ON WILDLIFE
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
19 WOOD RD	MIDDLETOWN	RI	02842

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

President Name: AL ROSA			Vice-President Name: DON GOMEZ		
Street Address: 63 HALL AVE			Street Address: P.O. BOX 503		
City: NEWPORT	State: RI	Zip: 02840	City: LITTLE COMPTON	State: RI	Zip: 02837
Secretary Name: HENRY CASSESSE			Treasurer Name: RAY DE PYPER		
Street Address: 13 HARRINGTON ST			Street Address: 19 WOOD RD		
City: NEWPORT	State: RI	Zip: 02840	City: MIDDLETOWN	State: RI	Zip: 02842

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: JEFFRY REISE			Director Name: AL BROWNELL		
Street Address: 191 FREEBORN ST			Street Address: 361 BULGAR MARSH RD		
City: PORTSMOUTH 02871	State: RI	Zip: 02871	City: TIVERTON	State: RI	Zip: 02878
Director Name: ROY RUSHFORD			Director Name:		
Street Address: 122 CAROLINA NOOSE NECK RD			Street Address:		
City: RICHMOND	State: RI	Zip: 02898	City:	State:	Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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	Date
RAY DE PYPER	13 June '21

Signature of Officer/Authorized Representative: Ray De Pyper — SIGN DOCUMENT HERE

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 631 - Revised: 03/2019