



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

FILED

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.

JUN 17 2021

BY

[Signature]

1. Entity ID Number <u>0000 27466</u>		2. Exact name of the Corporation <u>NEWPORT COUNTY ROD AND GUN ASSOCIATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>SPREAD INFORMATION ON WILDLIFE</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>19 WOOD RD</u>		City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02842</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>AL ROSA</u>		Vice-President Name <u>DON GOMEZ</u>	
Street Address <u>63 HALL AV</u>		Street Address <u>P.O. BOX 503</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>LITTLE COMPTON</u>	State <u>RI</u> Zip <u>02837</u>
Secretary Name <u>HENRY CASSESE</u>		Treasurer Name <u>RAY D. PYPER</u>	
Street Address <u>13 HARRINGTON ST</u>		Street Address <u>19 WOOD RD</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02872</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>SAFFRY REISE</u>		Director Name <u>AL BROWNE II</u>	
Street Address <u>191 FREEDBORN ST</u>		Street Address <u>361 BULGAR MARSH RD</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>TIGRATON</u>	State <u>RI</u> Zip <u>02878</u>
Director Name <u>ROY RUSH FORD</u>		Director Name	
Street Address <u>122 CAROLINA NOOSE NECK RD</u>		Street Address	
City <u>RICHMOND</u>	State <u>RI</u>	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 <u>Ray D. Pyper</u>			Date <u>13 Jun '21</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov