



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 22 2021

BY 1540

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 796 753		2. Exact name of the Corporation Rhode Island Trapshooting Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote trap and clay target shooting			
4. NAICS Code 812990					
6. Principal Office Address 1551 Centreville Road		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Jaye			Vice President Name Dana Grealorex		
Street Address 5 Saudra Drive			Street Address 59 Oak Terrace		
City Westerly		State RI	Zip 02891	City Mapleville	
		State RI	Zip 02839		
Secretary Name Barbara Jaye			Treasurer Name Barbara Jaye		
Street Address 5 Saundra Drive			Street Address 5 Saundra Drive		
City Westerly		State RI	Zip 02891	City Westerly	
		State RI	Zip 02839		
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 Michael Jubin			Director Name Gregory Smith		
Street Address 43 1/2 Laurel Avenue			Street Address 2 Kirkbrac		
City Coventry		State RI	Zip 02816	City Lincoln	
		State RI	Zip 02865		
Director Name Matthew Robinson			Director Name John M. Ruggieri		
Street Address 34 Lakeside Street			Street Address 1559 Putnam Pike		
City Riverside		State RI	Zip 02915	City Chepachet	
		State RI	Zip 02814		
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 Barbara Jaye				Date	
Signature of Officer/Authorized Representative <i>Barbara A. Jaye</i>					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov