



State of Rhode Island
Department of State - Business Services Division

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.

FILED
JUN 25 2021
 BY 10735

1. Entity ID Number 30956		2. Exact name of the Corporation Sayles Hill Rod and Gun Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island social club			
4. NAICS Code 813319 - Other Social Advoca <input type="text"/>					
6. Principal Office Address 70 Sayles Hill rd		City North Smithfield	State RI	Zip 02896	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wayne Pandolfi		Vice-President Name Roger Jalette			
Street Address 1022 Eddie Dowling Hwy		Street Address 15 Taylor Dr			
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Lucien Bibeault		Treasurer Name William Dawless			
Street Address 21 Spring St		Street Address 32 Squirrel Run			
City Cumberland	State RI	Zip 02864	City West Greenwich	State RI	Zip 02817
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 Plante Jr		Director Name Jason Wright			
Street Address 45 Sayles Hill Rd		Street Address 26 Patton Rd			
City North Smithfield	State RI	Zip 02896	City Woonsocket	State RI	Zip 02895
Director Name Dave Doire		Director Name David Lachance			
Street Address 70 Sayles Hill Rd		Street Address 38 Village Way			
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative William Dawless				Date 6-21-2021	
Signature of Officer/Authorized Representative <i>William D. Dawless</i>					

MAIL TO:
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 Website: www.sos.ri.gov