



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number 0005A2722		2. Exact name of the Corporation RHODE ISLAND FIREARM OWNERS LEAGUE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE THE RIGHT OF FIREARM OWNERS AS GUARANTEED BY THE US CONSTITUTION	
4. NAICS Code 542722			
6. Principal Office Address P.O. BOX 226		City FISKEVILLE	State RI Zip 02823
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name DAVID EIKELAND		Vice-President Name GLEN VALENTINE	
Street Address P.O. BOX 226		Street Address 10 MOOSEHORN	
City FISKEVILLE	State RI	City E. GREENWICH	State RI Zip 02818
Secretary Name John Cambio		Treasurer Name	
Street Address 3 Elmwood Ct		Street Address	
City COVENTRY	State RI	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name John Cambio		Director Name Glen Valentine	
Street Address 3 Elmwood Ct		Street Address SAA	
City COVENTRY	State RI	City	State Zip
Director Name		Director Name David Eikeland	
Street Address		Street Address SAA	
City	State	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.			
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 John Cambio		Date 12/13/21	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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