



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 2022 DEC - 7 A 11: 27

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 DEC - 7 A 11: 26

1. Entity ID Number 000160252		2. Exact name of the Corporation Northern Rhode Island Sportsmen's Club	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote sportsmanship, Fellowship with outdoor activities	
4. NAICS Code 813312			
6. Principal Office Address 185 Coburn St		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Potter		Vice-President Name Tim Champagne	
Street Address 9 Roland		Street Address 82 Main St	
City West Greenwich	State RI	City Slater'sville	State RI
Zip 02817		Zip 02876	
Secretary Name Matt Richardson		Treasurer Name Ken Dilisi	
Street Address 22 Mansue Dr		Street Address 185 Coburn St	
City Coventry	State RI	City Warwick	State RI
Zip 02816		Zip 02889	
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 Brian Martin		Director Name Paul Boldec	
Street Address 80 Main St		Street Address 915 Walken Lake Rd	
City Slater'sville	State RI	City Pawcatuck	State RI
Zip 02876		Zip 02859	
Director Name Jason Moore		Director Name Mark McLean	
Street Address 67 Overlook Dr		Street Address 171 Twin Brook Ln	
City Warwick	State RI	City Coventry	State RI
Zip 02818		Zip 02816	
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 Mark McLean		Date 12-7-22	
Signature of Officer/Authorized Representative 			

MAIL TO:

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