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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:					
Non-Profit Corporation					

2023

FEB 0 6 2023 OV 4652

→ Filing period February 1 - May 1

→ Filing Fee \$20 00

→ Penalty Additional \$25 00 fee if form is not filed by May 31.

1. Entity ID Number 27630		2. Exact name of the Corporation  Newport Rifle Club				
3. State of Incorporation Rhode Island 4 NAICS Code 71/ 21/	5. Brief description of the character of business conducted in Rhode Island Non-profit corporation promoting the safe use of firearms and target competition.					
6 Principal Office Address 660 Wyatt Road			City Middletown	State RI	Zip 02842	
7. List ALL officers (names and	d addresses)		<u></u>	Check the box to indi	cate an attachment	
President Name David Jones			Vice-President Name David Huth			
Street Address 20 Samson Lane			Street Address 544 Boyds Lane			
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871	
Secretary Name Frances Falsey			Treasurer Name Robert King			
Street Address 71 Columbia Avenue			Street Address 200 John Kesson Lane			
City Middletown	State RI	Zip 02835	City Middletown	State RI	Zip 02842	
8. List ALL directors (names a	nd addresses). RI (	Corporations MUST	list at least THREE directors.	Chack the boy to indi	cate an attachment	
Director Name David Jones			Check the box to indicate an attachment  Director Name David Huth			
Street Address 20 Samson Lane			Street Address 544 Boyds Lane			
City Middletown	State RI	<sup>Zip</sup> 02842	City Portsmouth	State RI	<sup>Zıp</sup> 02871	
Director Name Robert King			Director Name			
Street Address 200 John Kesson Lane			Street Address			
City Middletown	State RI	<sup>Zıp</sup> 02842	City	State	Zip	
9. The Registered Agent inforr	mation of record wit	h the RI Department	t of State is accurate. Changes	require filing Form 64	<u> </u>	
Under penalty of perjury, I d statements, and that all stat			ed this report, including any a	accompanying sched	lules and	
			Secretary Treasurer, duly Authorized Re	oresentative, Receiver or Tru	ustee	
Name of Officer/Authorized Representative Robert King				Date 02/01/2023		
Signature of Officer/Authorized	Representative					

**WAIL TO:** 

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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