



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

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 31.

FILED

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BY

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|--|--------------------|---|-----------------------------|------------------------|---------------------|
| 1. Entity ID Number <u>000542722</u> | | 2. Exact name of the Corporation <u>Rhode Island FIREARM OWNER'S LEAGUE</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>TO PRESERVE THE RIGHT OF RI FIREARM OWNERS AS GUARANTEED BY THE US CONSTITUTION</u> | | | |
| 4. NAICS Code <u>542722</u> | | | | | |
| 6. Principal Office Address <u>P.O. Box 226</u> | | City <u>FISKVILLE</u> | | State <u>RI</u> | Zip <u>02823</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>DAVID EIKELAND</u> | | Vice-President Name <u>GLEN VALENTINE</u> | | | |
| Street Address <u>P.O. Box 226</u> | | Street Address <u>MOSEBORN DRIVE</u> | | | |
| City <u>FISKVILLE</u> | State <u>RI</u> | Zip <u>02823</u> | City <u>E. GREENWICH</u> | State <u>RI</u> | Zip <u>02818</u> |
| Secretary Name | | Treasurer Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | 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 <input type="checkbox"/> | | | | | |
| Director Name <u>John Cambio</u> | | Director Name <u>Glen Valentine</u> | | | |
| Street Address <u>3 Elmwood Ct</u> | | Street Address <u>SAD</u> | | | |
| City <u>COVENTRY</u> | State <u>RI</u> | Zip <u>02816</u> | City | State | Zip |
| Director Name <u>DAVID EIKELAND</u> | | Director Name | | | |
| Street Address <u>SAD</u> | | Street Address | | | |
| City | State | Zip | 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 <u>John Cambio</u> | | | | Date <u>1/30/23</u> | |
| Signature of Officer/Authorized Representative <u>[Signature]</u> | | | | | |

MAIL TO:

Division of Business Services

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