



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2023

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

FEB 17 2023

BY

2787 DS

1. Entity ID Number 000028053		2. Exact name of the Corporation North Tiverton Sportsmen's Club, Inc.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Non-Profit men's Social Club	
4. NAICS Code 813319			
6. Principal Office Address 8 Rock St. Tiverton RI 02878		City Tiverton	State R.I.
		Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Jeffrey A. Rego		Vice-President Name TROY DAVIS	
Street Address 403 Fish RD		Street Address 147 RANDOLPH AVE	
City Tiverton	State RI	City TIVERTON	State R.I.
Zip 02878		Zip 02878	
Secretary Name John WENCLAWIK		Treasurer Name Jeffrey A. Rego	
Street Address 83 Jencks St.		Street Address 403 Fish RD	
City FALL RIVER	State MASS.	City TIVERTON	State RI
Zip 02723		Zip 02878	
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 John WENCLAWIK		Director Name Manuel ESTRELLA	
Street Address 83 Jencks St.		Street Address 478 Tucker	
City FALL RIVER	State MASS.	City Fall River	State MA
Zip 02723		Zip 02721	
Director Name Jay Linhares		Director Name TROY DAVIS	
Street Address 2 Bismark Ave		Street Address 147 RANDOLPH AVE	
City Tiverton	State RI	City TIVERTON	State R.I.
Zip 02878		Zip 02878	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Jeffrey A. Rego			Date 2-1-23
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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