



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 24 2023
BY 9227
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000003083		2. Exact name of the Corporation BULLSEYE SHOOTING SUPPLIES, INC.	
3. Principal Office Address 837 PARK AVENUE		City WOONSOCKET	State Zip RI 02895
4. NAICS Code 451110	5. Brief description of the character of business conducted in Rhode Island TO CARRY ON A GENERAL SPORTING GOODS SALES BUSINESS		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses): Check the box to indicate an attachment: <input type="checkbox"/>			
President Name PAUL JAMES CONNOLLY		Vice-President Name PAUL JAMES CONNOLLY	
Street Address 73 SAYLES HILL ROAD		Street Address 73 SAYLES HILL ROAD	
City NORTH SMITHFIELD	State Zip RI 02896	City NORTH SMITHFIELD	State Zip RI 02896
Secretary Name PAUL JAMES CONNOLLY		Treasurer Name PAUL JAMES CONNOLLY	
Street Address 73 SAYLES HILL ROAD		Street Address 73 SAYLES HILL ROAD	
City NORTH SMITHFIELD	State Zip RI 02896	City NORTH SMITHFIELD	State Zip RI 02896
8. List ALL directors (names and addresses): Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name PAUL JAMES CONNOLLY		Director Name	
Street Address 73 SAYLES HILL ROAD		Street Address	
City NORTH SMITHFIELD	State Zip RI 02896	City	State Zip
Director Name		Director Name	
Street Address		Street Address	
City	State Zip	City	State Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1,000	CNP
		PAY VALUE	\$ 0.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative PAUL JAMES CONNOLLY			Date 3-23-2023
Signature of Authorized Representative <i>Paul James Connolly</i>			