



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000509901

**2. Name of Corporation** INTERNATIONAL GAME FISH TOURNAMENT OBSERVERS

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813312

**4. Principal Office Address**

No. and Street: PO BOX 7333

City or Town: GAINESVILLE

State: GA

Zip: 30504

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

OUR MISSION, AS TOURNAMENT OBSERVERS, IS TO DEDICATE OUR EFFORTS TO THE CONSERVATION AND PROTECTION OF GAME FISH. THE ORGANIZATION ADVOCATES FOR RELEASE VENUES IN ALL INTERNATIONAL GAME FISH TOURNAMENTS. WE SUPPORT PROGRAMS THAT STUDY AND PROTECT GAME FISH THROUGH OUR TOURNAMENT OBSERVING, PROMOTION AND EDUCATION OF THE PUBLIC AND PRIVATE SECTORS. THE MEMBERSHIP CHAMPIONS OTHER LIKE CHARITABLE ORGANIZATIONS AND FOUNDATIONS WITH SIMILAR CONSERVATION GOALS AND PROGRAMS. WE ARE ORGANIZED TO BECOME A

**CONDUIT FOR THEIR CONSERVATION PROGRAMS AND GENERATE FUNDING SOURCES FOR THEIR CAUSES.**

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | STEVE HARGETT   | 208 WEST ACADEMY ST<br>GAINESVILLE, GA 30501 USA                  |
| TREASURER    | REESE BOWLES  | 2005 WESTHAM WOODS CT<br>VIRGINIA BEACH, VA 23454 USA             |
| DIRECTOR     | BOB STIMOLO   | 16504 DEL PALACIO CT<br>DELRAY BEACH, FL 33484 USA                |
| DIRECTOR     | ART MCDONALD  | 5100 FRANKLIN PK<br>NASHVILLE, TN 37220 USA                       |
| DIRECTOR     | EVAN HIPSLEY  | 10232 GRACKLE CT<br>PENSACOLA, FL 32507 USA                       |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN R. TREAT 111 AARON AVENUE BRISTOL , RI 02809

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of March, 2023 at 7:53:21 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By STEVE HARGETT  
Signature of Authorized Person

Form No. 631  
Revised 09/07