



State of Rhode Island
Department of State - Business Services Division

FILED

APR 10 2023
 BY 4699
 [Signature]

Annual Report for the year:
Non-Profit Corporation

2023

- 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 000027466		2. Exact name of the Corporation NEWPORT COUNTY ROD AND GUN ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HUNTING, FISHING AND WILDLIFE CONSERVATION CLUB (SINCE 1888)			
4. NAICS Code 713990		6. Principal Office Address 191 FREEBORN STREET		City PORTSMOUTH	State RI
				Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY A. REISE		Vice-President Name THOMAS R. MALONE			
Street Address 191 FREEBORN STREET		Street Address 85 RUSSEL AVENUE			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name JANG M. REISE		Treasurer Name DAVID G. REISE			
Street Address 191 FREEBORN STREET		Street Address 66 FREEBORN STREET			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 MATTHEW KIERON		Director Name JARED GASTON			
Street Address 22 CUL DE SAC WAY		Street Address 101 FREEBORN STREET			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name ALBERT A. ROSA		Director Name JANG M. REISE			
Street Address 63 HALL AVENUE		Street Address 191 FREEBORN STREET			
City PORTSMOUTH	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JEFFREY A. REISE				Date MARCH 28, 2023	
Signature of Officer/Authorized Representative <i>Jeffrey A. Reise</i>					