



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 17 2023

BY

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.

1. Entity ID Number 62561		2. Exact name of the Corporation PINE TREE GUN CLUB			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Shooting club and shooting range			
4. NAICS Code 813319					
6. Principal Office Address Pole #4 Balcom Road			City Foster	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred Trapassi		Vice-President Name John Kane			
Street Address 18 Franklin Road		Street Address 55 White Pine Drive			
City Hope	State RI	Zip 02831	City North Scituate	State RI	Zip 02857
Secretary Name Joe Alper		Treasurer Name Herbert Gowdey			
Street Address 93 Mount Hygeia Road		Street Address 264 Simmonsville Avenue			
City Foster	State RI	Zip 02825	City Johnston	State RI	Zip 02919
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 Dennis Lavoie		Director Name Greg Dexter			
Street Address Spice Valley Drive		Street Address 23 Mockingbird Drive			
City North Scituate	State RI	Zip 02857	City Danielson	State CT	Zip 06239
Director Name Charles Parillo		Director Name			
Street Address 345 Gleaner Chapel Road		Street Address			
City North Scituate	State RI	Zip 02857	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Fred A. Trapassi, Jr.				Date 5-9-2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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