



State of Rhode Island
Department of State - Business Services Division

FILED
FEB 20 2024
BY [Signature] 1406

Annual Report for the year: 2024

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 26351		2. Exact name of the Corporation Highland Rod and Gun Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote interest in hunting and fishing of wildlife			
4. NAICS Code 713990					
6. Principal Office Address 66A Plainfield Pike			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 Paul W. Cirillo			Vice-President Name Robert E. Paiva		
Street Address 114 Mill Pond Road			Street Address 329 Rockland Road		
City Exeter	State RI	Zip 02822	City Scituate	State RI	Zip 02857
Secretary Name Erik R. Dauplaise			Treasurer Name Steven P. Thacker		
Street Address 1221 Maple Valley Road			Street Address 68 Blueberry Lane		
City Coventry	State RI	Zip 02816	City Scituate	State RI	Zip 02857
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 Paul W. Cirillo			Director Name Robert E. Paiva		
Street Address 114 Mill Pond Road			Street Address 329 Rockland Road		
City Exeter	State RI	Zip 02822	City Scituate	State RI	Zip 02857
Director Name Erik R. Dauplaise			Director Name Steven P. Thacker		
Street Address 1221 Maple Valley Road			Street Address 68 Blueberry Lane		
City Exeter	State RI	Zip 02822	City Scituate	State RI	Zip 02857
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 Steven P. Thacker, Treasurer				Date 2/3/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov