



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 10 PM 12:31:15

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 <u>000027118</u>		2. Exact name of the Corporation <u>Federated Rhode Island Sportsmen's Clubs</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Establishing and maintaining suitable control of wildlife and habitation procreation of fishing, trapping, hunting.</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>P.O. Box 19682</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael R. Dennen</u>			Vice-President Name <u>Joseph P. Galiger</u>		
Street Address <u>22 Dutchess Dr</u>			Street Address <u>4 Suncrest Dr</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>Brenda Jacob</u>			Treasurer Name <u>RAYMOND H. BRADLEY III</u>		
Street Address <u>214 Plain Meetinghouse Road</u>			Street Address <u>4203 South County Trail</u>		
City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
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 <u>Michael R. Dennen</u>			Director Name <u>Joseph P. Galiger</u>		
Street Address <u>22 Dutchess Dr</u>			Street Address <u>4 Suncrest Dr</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
Director Name <u>Brenda Jacob</u>			Director Name <u>RAYMOND BRADLEY III</u>		
Street Address <u>214 Plain Meetinghouse Road</u>			Street Address <u>4203 South County Trail</u>		
City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>RAYMOND H BRADLEY III</u>					Date <u>04/10/24</u>
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 10 2024
BY 1012 AA