RI SOS Filing Number: 202454604870 Date: 5/10/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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| → Penalty: Additional \$25.00 fee if | - | <u> </u> | | () | | | | |
|--|--|--------------------------------|--------------------------------------|---------------|----------------------|--|--|--|
| 1. Entity ID Number 000030956 | 2. Exact name of the Corporation Sayles Hill Rod and Gun Club | | | | | | | |
| State of Incorporation RI | Brief description of the character of business conducted in Rhode Island Social Club | | | | | | | |
| 4. NAICS Code 813319 | | | | | | | | |
| 6. Principal Office Address 70 Sayles Hill Rd | | | City North Smithfield | State RI | Zip 02896 | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | | |
| President Name David Doire | | | Vice-President Name Roger Jalette Jr | | | | | |
| Street Address 70 Sayles Hill Rd | | | Street Address 15 Taylor Dr | | | | | |
| City North Smithfield | State RI | ^{Zip} 02896 | ^{City} North Smithfield | State RI | Zip U2896 | | | |
| Secretary Name Cory Johnson | | Treasurer Name William Dawless | | | | | | |
| Street Address 70 Sayles Hill Rd | | Street Address 32 Squirrel Run | | | | | | |
| City North Smithfield | State RI | ^{Zip} 02896 | City West Greenwich | State RI | δ ^{ip} 2817 | | | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | | | | |
| Director Name Michael Plante Jr | | | Director Name Jason Wright | | | | | |
| Street Address 45 Sayles Hill Rd | | | Street Address 26 Patton Rd | | | | | |
| City North Smithfield | State RI | ^{Zip} 02896 | City Woonsocket | State RI | Zip UZ895 | | | |
| Director Name Lucien Bibeault | | | Director Name Michael Cournoyer | | | | | |
| Street Address 21 Spring St | | | Street Address 215 Elmore St | | | | | |
| City Cumberland | State RI | ^{Zip} 02864 | City Woonsocket | State RI | 02895 | | | |
| 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 | | | | Date | | | | |
| William Dawless | | | | 05/07/24 | | | | |
| Signature of Officer/Authorized Representative | | | | | | | | |
| MAIL TO: | | | | | | | | |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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