



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 13 2025

BY 8287
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Annual Report for the year: 2025
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>26656</u>		2. Exact name of the Corporation <u>EAST WARREN Rod & Gun Club</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>the safe handling + shooting of firearms with classes and instruction</u>			
4. NAICS Code <u>713990</u>					
6. Principal Office Address <u>24 Long Lane</u> <u>(MAIL P.O. Box 12)</u>		City <u>WARREN</u>		State <u>RI</u>	Zip <u>02885</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Phil LaPointe</u>			Vice-President Name <u>John Soares</u>		
Street Address <u>136 Cypress Ave</u>			Street Address <u>777 Pearse Rd</u>		
City <u>Trenton</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>
Secretary Name <u>Joe Burnett</u>			Treasurer Name <u>John LANGELLO</u>		
Street Address <u>12 Edmund Ln</u>			Street Address <u>51 HARRIS Ave</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</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>Douglas Wright</u>			Director Name <u>Rene Turcotte</u>		
Street Address <u>3 Patricia Ann Dr.</u>			Street Address <u>54 Brentwood Ct.</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>
Director Name <u>Joseph TAUADES</u>			Director Name <u>John Achilli</u>		
Street Address <u>271 Market St.</u>			Street Address <u>36 Cliff Dr.</u>		
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</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>John LANGELLO Treasurer</u>					Date <u>Feb 5, 2025</u>
Signature of Officer/Authorized Representative <u>John Langello</u>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov