RI SOS Filing Number: 202566623000 Date: 3/3/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 03 2025
BY 1024

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	2. Exact name of the Corporation
796753	Rhode Island Trapshooting Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Promote trap and clay target shooting
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
1551 Centreville Road	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Richard Riebe			Vice-President Name: Matthew Robinson		
Street Address: 80 Weeks Hill Road			Street Address: 34 Lakeside Street		
City: Greene	State: RI	Zip: 02827	City: Riverside	State: RI	Zip: 02915
Secretary Name: Barbara Jaye			Treasurer Name: Barbara Jaye		
Street Address: 5 Saundra Drive			Street Address: 5 Saundra Drive		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☒

Director Name: Matthew Robinson			Director Name: Sue Smith		
Street Address: 34 Lakeside Street			Street Address: 2 Kirkbrae Dr		
City: Riverside	State: RI	Zip: 02915	City: Lincoln	State: RI	Zip: 02865
Director Name: David Brown			Director Name: Dana Greatorex		
Street Address: 3 Jason Grant Dr			Street Address: 59 Oak Terrace		
City: Cumberland	State: RI	Zip: 02864	City: Mapleville	State: RI	Zip: 02839

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
Barbara Jaye	**2/23//2025**

Signature of Officer/Authorized Representative: Barbara Jaye

MAIL TO:
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