



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2025

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

BY 4868

1. Entity ID Number 000027630		2. Exact name of the Corporation Newport Rifle Club	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit corporation promoting the safe use of firearms and target competition	
4. NAICS Code 711211			
6. Principal Office Address 360 Wyatt Road		City Middletown	State RI Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name D. Keith Silvia		Vice-President Name David Huth	
Street Address 121 Constitution Street		Street Address 544 Boyds Lane	
City Bristol	State RI	Zip 02809	City Portsmouth State RI Zip 02871
Secretary Name Elizabeth Knowles		Treasurer Name Robert King	
Street Address 40 Indian Hill Road		Street Address 200 John Kesson Lane	
City Middletown	State RI	Zip 02842	City Middletown State RI Zip 02842
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 D. Keith Silvia		Director Name David Huth	
Street Address 121 Constitution Street		Street Address 544 Boyds Lane	
City Bristol	State RI	Zip 02809	City Portsmouth State RI Zip 02871
Director Name Robert King		Director Name	
Street Address 200 John Kesson Lane		Street Address	
City Middletown	State RI	Zip 02842	City State Zip
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 ROBERT KING			Date 4/28/25
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