



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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative ROBERT KING				Date 4/28/25	
Signature of Officer/Authorized Representative 					

MAIL TO:
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