



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 18 2025
BY *10803*
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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 000030956		2. Exact name of the Corporation SAYLES HILL ROD & GUN CLUB			
3. State of Incorporation RI		5. 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 <input type="checkbox"/>					
President Name WAYNE PANDOLFI			Vice-President Name ROGER JALETTE JR.		
Street Address 1022 EDDIE DOWLING HWY			Street Address 38 LEIGH RD.		
City NO. SMITHFIELD	State RI	Zip 02896	City CUMBERLAND	State RI	Zip 02864
Secretary Name TIM PLANTE			Treasurer Name WILLIAM DAWLESS		
Street Address 65 ASH STREET			Street Address 32 SQUIRREL RUN		
City LINCOLN	State RI	Zip 02865	City W. GREENWICH	State RI	Zip 02817
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 ERIC BARTON			Director Name DAVID DOIRE		
Street Address 41 WHIPPLE ROAD			Street Address 172 BEACON AVE.		
City LINCOLN	State RI	Zip 02865	City WOONSOCKET	State RI	Zip 02896
Director Name DOUGLAS GOSSELIN			Director Name JOHN JAMES		
Street Address 5 ROBIN WAY			Street Address 151 HADDE ST.		
City NO. SMITHFIELD	State RI	Zip 02896	City CUMBERLAND	State RI	Zip 02864
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 WILLIAM DAWLESS				Date 03/12/2024	
Signature of Officer/Authorized Representative <i>William D. Dawless</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov