

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

MAR 21 2025

BY

1. Entry ID Number 000003083		2. Exact name of the Corporation BULLSEYE SHOOTING SUPPLIES, INC.	
3. Principal Office Address 837 PARK AVENUE		City WOONSOCKET	State RI
		Zip 02895	
4. NAICS Code 451110	6. Brief description of the character of business conducted in Rhode Island TO CARRY ON A GENERAL SPORTING GOODS SALES BUSINESS		
5. State of incorporation RHODE ISLAND			
7. List ALL officers (names and addresses): Check the box to indicate an attachment ☐			
President Name PAUL JAMES CONNOLLY		Vice President Name PAUL JAMES CONNOLLY	
Street Address 73 SAYLES HILL ROAD		Street Address 73 SAYLES HILL ROAD	
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD
			State RI
			Zip 02896
Secretary Name PAUL JAMES CONNOLLY		Treasurer Name PAUL JAMES CONNOLLY	
Street Address 73 SAYLES HILL ROAD		Street Address 73 SAYLES HILL ROAD	
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD
			State RI
			Zip 02896
8. List ALL directors (names and addresses): Check the box to indicate an attachment ☐			
Director Name PAUL JAMES CONNOLLY		Director Name	
Street Address 73 SAYLES HILL ROAD		Street Address	
City NORTH SMITHFIELD	State RI	Zip 02896	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1,000	CNP
			\$ 0.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative PAUL JAMES CONNOLLY		Date 3-18-2025	
Signature of Authorized Representative <i>Paul J Connolly</i>			