



State of Rhode Island
Department of State - Business Services Division

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.

2025 MAY 12 PM 4:00
 RECEIVED
 RI DEPT. OF STATE
 BUS. SVCS. DIV.

1. Entity ID Number 000027118	2. Exact name of the Corporation Federated Rhode Island Sportsmen's Clubs		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Establishing and maintaining suitable control of wildlife and habitat procreation of fishing, trapping, hunting and the shooting sports in Rhode Island.		
4. NAICS Code 813319			
6. Principal Office Address P.O. Box 19682	City Johnston	State RI	Zip 02919

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael R. Dennen			Vice-President Name Joseph P. Galiger		
Street Address 22 Dutchess Drive			Street Address 4 Suncrest Drive		
City Cranston	State RI	Zip 02921	City West Warwick	State RI	Zip 02893
Secretary Name Brenda Jacob			Treasurer Name Raymond H. Bradley III		
Street Address 214 Plain Meeting House Road			Street Address 4203 South County Trail		
City West Greenwich	State RI	Zip 02817	City Charlestown	State RI	Zip 02813

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael R. Dennen			Director Name Joseph P. Galiger		
Street Address 22 Dutchess Drive			Street Address 4 Suncrest Drive		
City Cranston	State RI	Zip 02921	City West Warwick	State RI	Zip 02893
Director Name Brenda Jacob			Director Name Raymond H. Bradley III		
Street Address 214 Plain Meeting House Road			Street Address 4203 South County Trail		
City West Greenwich	State RI	Zip 02817	City Charlestown	State RI	Zip 02813

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.	
<i>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>	
<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 Raymond H. Bradley III - Treasurer / Director	Date

Signature of Officer/Authorized Representative 	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAY 12 2025
 BY