



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year:
Non-Profit Corporation

2025

R.I.

- 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 000027466		2. Exact name of the Corporation NEWPORT COUNTY ROD AND GUN ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HUNTING, FISHING, AND WILDLIFE CONSERVATION (AND SOCIAL CLUB)	
4. NAICS Code 713940			
6. Principal Office Address 191 FREEBORN STREET		City PORTSMOUTH	State RI Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name JEFFREY A. REISE		Vice-President Name THOMAS R. MALONE	
Street Address 191 FREEBORN STREET		Street Address 85 RUSSEL AVENUE	
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH State RI Zip 02871
Secretary Name JANE M. REISE		Treasurer Name DAVID G. REISE	
Street Address 191 FREEBORN STREET		Street Address 66 FREEBORN STREET	
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH State RI Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name MATTHEW KIERON		Director Name JARED GASTON	
Street Address 22 CUL DE SAC WAY		Street Address 101 FREEBORN STREET	
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH State RI Zip 02871
Director Name JANE M. REISE		Director Name ELIZABETH PEDRO	
Street Address 191 FREEBORN STREET		Street Address 66 FREEBORN STREET	
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH State RI Zip 02871
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative JEFFREY A. REISE		FILED FEB 28 2025	Date FEB 20, 2025
Signature of Officer/Authorized Representative <i>Jeffrey A. Reise</i>		BY #4956 CK	