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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 R.I. [illegible]
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: 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: 713990	

6. Principal Office Address	City	State	Zip
191 FREEBORN STREET	PORTSMOUTH	RI	02871

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

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 KIRRON			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	Date
JEFFREY A. REISE	FEB 20, 2025

Signature of Officer/Authorized Representative: Jeffrey A Reise

FILED
FEB 28 2025
BY #49576 CK

MAIL TO:
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