



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

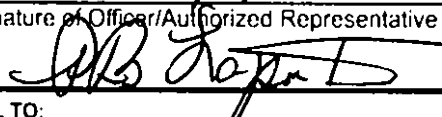
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

RI DEPT OF STATE
BUS SVCS DIV

2025 AUG 12 AM 1:29

1. Entity ID Number 30997		2. Exact name of the Corporation Rhode Island Skeet Shooting Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promoting and regulation of competitive skeet shooting in Rhode Island			
4. NAICS Code 713990					
6. Principal Office Address 1551 Centreville Road			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Clark			Vice-President Name Phillip LaPointe		
Street Address 30 Elm Street			Street Address 136 Cypress Avenue		
City Westerly	State RI	Zip 02891	City Tiverton	State RI	Zip 02878
Secretary Name Ric Probert			Treasurer Name Ric Probert		
Street Address 83 Cherokee Drive			Street Address 83 Cherokee Drive		
City Portsmouth	State RI	Zip 02891	City Portsmouth	State RI	Zip 02891
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 Brad Collins			Director Name Phillip LaPointe		
Street Address 47 Sagamore Street			Street Address 136 Cypress Avenue		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name John Clark			Director Name Ric Probert		
Street Address 30 Elm Street			Street Address 83 Cherokee Drive		
City Westerly	State RI	Zip 02891	City Portsmouth	State RI	Zip 02891
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 Brad Collins / Phillip LaPointe					Date 7/25/25
Signature of Officer/Authorized Representative 					FILED
					FILED

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

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FORM 631-REVISED 12/2023