



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Non-Profit Corporation _____

MAR 03 2023
 BY 5444

- 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 29023		2. Exact name of the Corporation SMITHFIELD SPORTSMAN'S CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island promote sports activity/fishing/archery/rifle/pistol and trap shooting			
4. NAICS Code 711310					
6. Principal Office Address 14 Walter Carey Road		City Smithfield		State RI	Zip 02917-0000
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan Hirons			Vice-President Name Timothy Yuettner		
Street Address 62 Hagerstown Road			Street Address 28 Versailles Street		
City Warwick	State RI	Zip 02886-	City Cranston	State RI	Zip 02920-
Secretary Name Sandra Davis			Treasurer Name William Moore		
Street Address 19 Burgess Drive			Street Address 35 Boulevard Avenue		
City Warwick	State RI	Zip 02886-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name David Farrar			Director Name James Bell		
Street Address 103 Hedley Avenue			Street Address 168 Ridge Road		
City Johnston	State RI	Zip 02919-	City Smithfield	State RI	Zip 02917-
Director Name Leo Simoneau			Director Name Carl B. Lisa, Jr.		
Street Address 17 Connors Farm Road			Street Address 8 Oak Wood Circle		
City Smithfield	State RI	Zip 02917-	City Greenville	State RI	Zip 02828-
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 Jonathan Hirons President				Date 02/01/2023	
Signature of Officer/Authorized Representative 					

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

2023
SMITHFIELD SPORTSMAN'S CLUB
ID #29023

ADDITIONAL DIRECTORS:

Michael Pezza
82 Irons Avenue
Johnston, RI 02919

Robert Dionne
19 East Prospect Street
Esmond, RI

Joseph Schiavulli
60 Green Lake Drive
Greenville, RI 02828

Ralph Amato
38 Newman Avenue
Johnston, RI 02919

John Johnson
121 Pine Hill Avenue
Johnston, RI 02919

FILED

MAR 03 2023

BY 5444
KJ