



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30329		2. Exact name of the Corporation Wincheck Gun Club, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Sport Shooting Club			
5. Principal office address 5800 Flat River Road			City Greene	State RI	Zip 02827
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Eric E. Gould			Vice-President Name Charles Robbins		
Street Address 7 Blueberry Heights			Street Address 11 Teaberry Drive		
City West Greenwich	State RI	Zip 02817	City Glocester	State RI	Zip 02814
Secretary Name Dean Talbot			Treasurer Name Patricia Izbicki		
Street Address 671 Carrs Trail			Street Address 5800 Flat River Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William McGill			Director Name Joseph Mollica		
Street Address 5 Sunnybrook Drive			Street Address 2927 South County Trail		
City North Kingstown	State RI	Zip 02852	City West Kingston	State RI	Zip 02892
Director Name Curtis Hartman			Director Name Warren Ferguson		
Street Address 324 South Road			Street Address 6101 Post Road Lot #44		
City Exeter	State RI	Zip 02882	City North Kingstown	State RI	Zip 02852
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 06 2013

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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.

Patricia Izbicki 6/1/2013
 Signature of Officer Date

Patricia Izbicki

Print or Type Name of Officer

Treasurer

Title of Officer