

1. Entity ID No.

30329

Rhode Island

3. State of Incorporation

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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

2. Exact name of the Corporation Wincheck Gun Club, Inc.

Sport Shooting Club

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

4. Brief description of the character of business conducted in Rhode Island

5. Principal office address 5800 Flat River Road			City Greene	State RI	^{Zip} 02827	
6. LIST <u>ALL</u> OFFICERS (N	AMES AND ADDRES	SES) ("X" BOX FOR AT	TACHMENT)			
President Name			Vice-President Name			
Eric E. Gould			Charles Robbins			
Street Address			Street Address			
7 Blueberry Heights			11 Teaberry Drive			
City	State	Zip	City	State	Zip	
West Greenwich	RI	02817	Glocester	RI	02814	
Secretary Name Dean Talbot			Treasurer Name			
Street Address			Patricia Izbicki			
671 Carr's Trail			Street Address 5800 Flat River Road			
City State Zip						
Greene	RI	02827	Greene	RI	Zip 02827	
7. LIST ALL DIRECTORS (NAMES AND ADDRE		<u>. </u>			
("X" BOX FOR ATTACHA	MENT) 📙		I		· · · · · · · · · · · · · · · · · · ·	
Director Name			Director Name			
Joseph Mollica			Roy Hiltermann			
Street Address			Street Address			
2927 South County Trail			22 Regal Way			
City West Kingston	State RI	Zip 02892	City	State	Zip	
Director Name	Ki	02092	Cranston Director Name	RI	02921	
William McGill			Curtis Hartman			
Street Address			Street Address			
5 Sunnybrook Drive			324 South Road			
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852	Exeter	RI	02822	
8. REGISTERED AGENT IN	RHODE ISLAND				<u> </u>	
This information is current	ly of record in the O	ffice of the Secretary of	State. Changes require fill	ing Form 641.		
This report must be signed by or Trustee	either the President,	Vice-President, Secretary	y, Assistant Secretary, Treas	urer, duly Authorized Pl	epresentative, Receiver	
File Date	FILED			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	-	JUN 0 6 2014	and that all statements	• •	true and correct.	
By:		1611)	Tatricia	Stricki	6/1/2014	
FOR SECRETARY OF STA	ATE USE ONLY BY	1090	Signature of Officer or Al	uthorized Representativ	re Date	
			Patricia Izbicki, Tro	easurer		
Form No. 631 Revised: 04/2014			Print or Type Name of Of	fficer or Authorized Rep	resentative	