



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.

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 Carr's 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 <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Mollica			Director Name Roy Hiltermann		
Street Address 2927 South County Trail			Street Address 22 Regal Way		
City West Kingston	State RI	Zip 02892	City Cranston	State RI	Zip 02921
Director Name William McGill			Director Name Curtis Hartman		
Street Address 5 Sunnybrook Drive			Street Address 324 South Road		
City North Kingstown	State RI	Zip 02852	City Exeter	State RI	Zip 02822
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, duly Authorized Representative, Receiver or Trustee

FILED

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.

File Date _____

Check No _____

By: _____

JUN 06 2014

1540

Patricia Izbicki 6/1/2014
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY _____

Patricia Izbicki, Treasurer

Print or Type Name of Officer or Authorized Representative