



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 43691		2. Exact name of the Corporation UNITED STATES CHALLENGE CUP, INC.			
3. State of Incorporation 43691		5. Brief description of the character of business conducted in Rhode Island THE PROMOTION OF JUNIOR GOLF			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State Ri	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN FEINSTEIN			Vice-President Name DAVID WILSON		
Street Address 125 PROSPECT STREET, APT. 4			Street Address 28 CRAW AVENUE		
City PROVIDENCE	State RI	Zip 02906	City NORWALK	State CT	Zip 02853
Secretary Name SEAN FECTEAU			Treasurer Name DAVID ADAMONIS, JR.		
Street Address 104 LEAVITT STREET			Street Address 11 ARROWHEAD ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
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 STEVEN FEINSTEIN			Director Name DAVID ADAMONIS, JR.		
Street Address 125 PROSPECT STREET, APT. 4			Street Address 11 ARROWHEAD ROAD		
City PROVIDENCE	State RI	Zip 02906	City SEEKONK	State MA	Zip 02771
Director Name DAVID WILSON			Director Name		
Street Address 28 CRAW AVENUE			Street Address		
City NORWALK	State CT	Zip 02853	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 DAVID ADAMONIS, JR. TREASURER				Date 6/26/17	
Signature of Officer/Authorized Representative <i>David Adamonis</i>					

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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