



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

FILED

Annual Report for the year: 2019

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.

JUN 26 2019
 BY 1915 DS

1. Entity ID Number 30329		2. Exact name of the Corporation Wincheck Gun Club, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Sport Shooting Club			
4. NAICS Code 813410					
6. Principal Office Address 5800 Flat River Road			City Greene	State RI	Zip 02827
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric E. Gould			Vice-President Name George Desrochers		
Street Address 7 Blueberry Heights			Street Address 42 Noxon Street		
City West Greenwich	State RI	Zip 02817	City West Warwick	State RI	Zip 02893
Secretary Name Michael Lima			Treasurer Name Patricia Izbicki		
Street Address 63 Harris Avenue			Street Address 5800 Flat River Road		
City West Warwick	State RI	Zip 02893	City Greene	State RI	Zip 02827
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 William McGill			Director Name Craig Emmons		
Street Address 5 Sunnybrook Drive			Street Address 69 Trent Avenue		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02889
Director Name Curtis Hartman			Director Name Roy Hiltermann		
Street Address 324-A South Road			Street Address 22 Regal Way		
City Exeter	State RI	Zip 02822	City Cranston	State RI	Zip 02921
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 Patricia Izbicki				Date 6-21-2019	
Signature of Officer/Authorized Representative <i>Patricia Izbicki</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.n.gov