



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number <u>29760</u>		2. Exact name of the Corporation <u>STONY BROOK ROD & GUN CLUB INC</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>OPERATING A ROD AND GUN CLUB</u>	
4. NAICS Code <u>713990</u>			
6. Principal Office Address <u>19 LOWER RD</u>		City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name <u>RICHARD KARSUNAVITCH</u>		Vice-President Name <u>CHRISTOPHER BROOKS</u>	
Street Address <u>217 GRAND AVE</u>		Street Address <u>500 MENDON RD</u>	
City <u>POWTUCKET</u>	State <u>RI</u>	City <u>CUMBERLAND</u>	State <u>RI</u> Zip <u>02864</u>
Secretary Name <u>BRIAN YAGHOUBIAN</u>		Treasurer Name <u>GREGORY O'NEILL</u>	
Street Address <u>38 CORY COURT</u>		Street Address <u>1209 CENTERVILLE RD</u>	
City <u>WOONSOCKET</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u> Zip <u>02886</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name <u>RICHARD KARSUNAVITCH</u>		Director Name <u>CHRISTOPHER BROOKS</u>	
Street Address <u>217 GRAND AVE</u>		Street Address <u>500 MENDON RD</u>	
City <u>POWTUCKET</u>	State <u>RI</u>	City <u>CUMBERLAND</u>	State <u>RI</u> Zip <u>02864</u>
Director Name <u>BRIAN YAGHOUBIAN</u>		Director Name <u>GREGORY O'NEILL</u>	
Street Address <u>38 CORY COURT</u>		Street Address <u>1209 CENTERVILLE RD UNIT 10</u>	
City <u>WOONSOCKET</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u> Zip <u>02886</u>
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>GREGORY G. O'NEILL</u>			Date <u>7/7/23</u>
Signature of Officer/Authorized Representative <u>Gregory G. O'Neill</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

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ATTACHMENT 29760

OFFICER:

BUILDING MANAGER

JAMES HAYMAN

118 JAPONICA ST

POWTHUCKET RI 02860

DIRECTORS:

JAMES HAYMAN

118 JAPONICA ST

POWTHUCKET RI 02860

CHERYL BERGBMANN

243 TARKILN RD

CHIZPOCKET RI 02814

JOHN FRANCIS

584 DAGGETT AVE

POWTHUCKET RI 02861