

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2023		RECEIVED:			
Non-Profit Corporation			R.I. DEPT. OF STATE			
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00			EUS SYCS DIV			
→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.	2023 1111 -7 P 12: 49,			
Entity ID Number	2. Exact name of the Corporation					
29760	STORY BROOK ROD & GUN CLUB INC					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	OPPLATING A ROD AND GUN CLUB					
4. NAICS Code	DIFER	/1/10G X/	KUD NIND	GUOV C	LVIS	
7/3996						
6. Principal Office Address 19 LOWEZ A	20		City	,	State	2ip 02865
7. List ALL officers (names and add	resses)		· · · · · · · · · · · · · · · · · · ·	Check the	box to indicate an	attachment V
President Name KICHARD KARSUNIAVITCH			Vice-President Name CHRISTOPHIE BROOKS			
Street Address		<del></del>	Street Address SOO MENDAN RD			
City POWTUCKET	State RI	Zip 0286/	City CUMBER	NNO	State P51	Z02864
Secretary Name    SKINN YNG HOOBINN  Street Address			Treasurer Name  GREGORY O'NEILL			
Street Address CORY COURT			Street Address CENTERVILLE RV			
	State RI	Zip 02895	City WARWI		State RT	Zip 02886
8. List ALL directors (names and add			st at least THREE direct		<u> </u>	
Director Name	Check the box to indicate an attachment   Director Name					
Director Name CHRRD KORSUARVITCH			CHRISTOPHER BROOKS			
Street Address 317 GRAN			Street Address 1500 MTNON RD			
PAWTUCKIST	State KI	Zip 0286 1	City CUMBFR	UND	State RT	<sup>zio</sup> 02864
Director Name BRIAN XNGHIOO BIAN			Director Name  GRIGGSRY O'NISTLL			
Street Address 28 CARY	COVET	· · · · · · · · · · · · · · · · · · ·	Street Address 1207 - CFNTIRVILLE RY UNIT 10			
City WOONSOCKET	State	zip 02895	City WAR WICH		State	Zig 88/
9. The Registered Agent information	of record with the	e RI Department o	of State is accurate. Ch	anges require	filing Form 641.	0200
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 Presid				arad Conmentati	- Design	<del></del> .
Name of Officer/Authorized Represe	ntative		relary, measurer, duty Aumor	nzeu Representati	Date	9.
GRIBGORY G.	7/7/23					
Signature of Officer/Authorized Repre	esontative		71.20			
Numa X.	Mill.	<i>(</i> )	11.11 A # aaaa			
MAIL TO: Division of Business Services						
Division of Business Services  148 W. River Street, Providence, Rhode Is	/ sland 02904-2615	( ,,	HIVTII M	V		
Phone: (401) 222-3040 Website: www.sos.ri.gov		8,		7		
			1 12	:49	FORM 631- Rev	rised: 04/2023
				, ,		

## AITACHMENT 29760

OFFICER:

BUILDING MONDGER

JAMES HAYMAN 118 JAPONICA ST

POWTUCKOT RI 02860

DIRFICTORS:

JAMES HAYMAN
118 JA PONICA ST
PAWTUCKIST RI 02360

CHERYL BERGEMANN

243 TARKILN RD

CHBADCHET RT 02814

JOHN FORNCIS S&Y DAGGETT AVE PROUTOCKIST RT 02861