



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

FEB 06 2024

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.

2202 *a*

1. Entity ID Number 000030329		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 37 Gough Ave			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Ronald Cunha Jr			Vice-President Name Ronald Cunha III		
Street Address 21 Chandler Dr			Street Address 262 Morgan Ave		
City Coventry	State RI	Zip 02816	City Johnston	State RI	Zip 02919
Secretary Name Michael Lima			Treasurer Name Renee Lawrence		
Street Address 63 Harris Ave			Street Address 37 Gough Ave		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joseph Mollica			Director Name William McGill		
Street Address 22 Partridge Dr			Street Address 5 Sunnybrook Dr		
City Exeter	State RI	Zip 02822	City North Kingstown	State RI	Zip 02852
Director Name Carl Lawrence			Director Name Raymond Jacques		
Street Address 37 Gough Ave			Street Address 23 Black Walnut Dr		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Ronald Cunha Jr</b>					Date 2-3-24
Signature of Officer/Authorized Representative <i>Ronald A Cunha Jr</i>					

MAIL TO:  
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