



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

APR 22 2025

BY

1. Entity ID Number 43691		2. Exact name of the Corporation UNITED STATES CHALLENGE CUP, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island THE PROMOTION OF JUNIOR GOLF			
4. NAICS Code 624110					
6. Principal Office Address 100 AMARAL ST.			City RIVERSIDE	State RI	Zip 02915
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 ST. APT. 4			Street Address 28 CRAW AVENUE		
City PROVIDENCE	State RI	Zip 02906	City NORWALK	State CT	Zip 06853
Secretary Name SEAN FECTEAU			Treasurer Name DAVID ADAMONIS JR		
Street Address 57 BRIARWOOD DR.			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 DAVID WILSON			Director Name David Adamonis		
Street Address 28 CRAW AVENUE			Street Address 11 Arrowhead Rd		
City NORWALK	State CT	Zip 06853	City Seekonk	State MA	Zip 02771
Director Name Sean Fecteau			Director Name		
Street Address 57 Briarwood Dr			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
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 DAVID ADAMONIS JR., TREASURER				Date 4/11/25	
Signature of Officer/Authorized Representative <i>David Adamonis</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov