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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
28442	SACHUEST SKATING CLUB		
3. State of Incorporation	**4. Corporate address in Rhode Island - Street Address**	**City**	**Zip**
RHODE ISLAND	ST. GEORGE'S SCHOOL 372 PURGATORY ROAD	MIDDLETOWN	RI 02842
5. Foreign corporation. Enter principal office address		**City**	**State** / **Zip**

6. *Brief Description of the character of the affairs which are actually conducted in Rhode Island.*
PROMOTING AN INTEREST IN THE SPORT OF ICE SKATING AND FIGURE SKATING

7. NAMES AND ADDRESSES OF THE OFFICERS ☐ BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
OFFICE CURRENTLY VACANT	LEONARD J. VANDERMYDE
Street Address	Street Address
	24 WILLOW STREET
City / State / Zip	City / State / Zip
	NEWPORT / RI / 02840
Secretary Name	**Treasurer Name**
THOMAS C. STURTEVANT	THOMAS C. STURTEVANT
Street Address	Street Address
75 WASHINGTON ST.	75 WASHINGTON ST
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840

8. NAMES AND ADDRESSES OF THE DIRECTORS ☐ BOX FOR ATTACHMENT ☐ FILL IN THE SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name	Director Name
ALEXANDER LIRAKIS	RICHARD N. SAYER
Street Address	Street Address
62 KANE AVE.	130 BELLEVIEW AVE.
City / State / Zip	City / State / Zip
MIDDLETOWN / RI / 02842	NEWPORT / RI / 02840
Director Name	**Director Name**
RICHARD B. SHEFFIELD	
Street Address	Street Address
255 INDIAN AVE.	
City / State / Zip	City / State / Zip
MIDDLETOWN / RI / 02842	

9. REGISTERED AGENT IN RHODE ISLAND *DO NOT ALTER. Changes require filing of Form 641 R.I.G.L. 7-6-15 / 7-6-78*

Agent Name	Address
THOMAS C. STURTEVANT	SAINT GEORGE'S SCHOOL
Address	**City** / **Zip**
PURGATORY ROAD	MIDDLETOWN 02842

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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By By 43414-10436796

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.

Signature of Officer / *Date*

THOMAS C. STURTEVANT
Print or Type Name of Officer

SECRETARY/TREASURER
Title of Officer

Form 631 Rev. 6/02