



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. 28442		2. Name of Corporation SACHUEST SKATING CLUB	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 57. GEORGE'S SCHOOL 372 PURGATORY ROAD	
		City MIDDLETOWN	Zip 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 ☐ FILE IN SPACES BEFORE USING ATTACHMENTS			
President Name OFFICE CURRENTLY VACANT		Vice President Name LEONARD J. VANDERMYDE	
Street Address		Street Address 24 WILLOW STREET	
City	State Zip	City NEWPORT	State RI Zip 02840
Secretary Name THOMAS C. STURTEVANT		Treasurer Name THOMAS C. STURTEVANT	
Street Address 75 WASHINGTON ST.		Street Address 75 WASHINGTON ST	
City NEWPORT	State RI Zip 02840	City NEWPORT	State RI Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS. ☐ BOX FOR ATTACHMENT ☐ FILE 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 ALEXANDER LIRAKIS		Director Name RICHARD N. SAYER	
Street Address 62 KANE AVE.		Street Address 130 BELLEVIEW AVE.	
City MIDDLETOWN	State RI Zip 02842	City NEWPORT	State RI Zip 02840
Director Name RICHARD B. SHEFFIELD		Director Name	
Street Address 255 INDIAN AVE.		Street Address	
City MIDDLETOWN	State RI Zip 02842	City	State Zip
9. REGISTERED AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 6412 R.I.G.L. 7-6-78			
Agent Name THOMAS C. STURTEVANT		Address SAINT GEORGE'S SCHOOL	
Address PURGATORY ROAD		City MIDDLETOWN	Zip 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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File Date **FILED**
Check No. **DEC 2 2009**
By **244**
FOR SECRETARY OF STATE USE ONLY

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 *Thomas C. Sturtevant* Date
THOMAS C. STURTEVANT
Print or Type Name of Officer
SECRETARY/TREASURER
Title of Officer
Form 631 Rev. (6/02)