



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>28734</b>		2. Exact name of the Corporation <b>Providence Turners</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Not-for-profit Children gymnastics / hall rental for family parties Gym /</b>	
5. Principal office address <b>118 Glenbridge Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <b>Leslie DeLuca</b>		Vice-President Name <b>Kayla Lucia</b>	
Street Address <b>191 Carleton St.</b>		Street Address <b>120 Sharon St.</b>	
City <b>Prov</b>	State <b>RI</b>	City <b>Prov</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>0290</b>	
Secretary Name <b>Melissa Muratori</b>		Treasurer Name <b>Lucia DeLuca</b>	
Street Address <b>27 Brush Hill</b>		Street Address <b>7 Armington Ave</b>	
City <b>Prov.</b>	State <b>R.I.</b>	City <b>Prov</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02908</b>	
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name <b>Lucia DeLuca</b>		Director Name <b>Melissa Muratori</b>	
Street Address <b>7 Armington Ave</b>		Street Address <b>27 Brush Hill Rd.</b>	
City <b>Prov</b>	State <b>RI</b>	City <b>Prov</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
Director Name <b>Kayla Lucia</b>		Director Name	
Street Address <b>120 Sharon St</b>		Street Address	
City <b>Prov</b>	State <b>RI</b>	City	State
Zip <b>0290</b>		Zip	
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

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By: \_\_\_\_\_

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JUL 17 2012

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**DS**

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.

**Leslie DeLuca** 7/18/12  
 Signature of Officer Date

**Leslie DeLuca**  
 Print or Type Name of Officer

**President**  
 Title of Officer