



**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 **2013**

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>517402</b>		2. Exact name of the Corporation <b>Learn-To-Skate Basics, Incorporated</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Administer skating lessons to children</b>			
5. Principal office address <b>144 Medway Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Dorothy M. Cunningham</b>			Vice-President Name <b>Lee Horner</b>		
Street Address <b>408 Brenda Lane</b>			Street Address <b>20 Settlers Path</b>		
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City <b>Sandwich</b>	State <b>MA</b>	Zip <b>02563</b>
Secretary Name <b>Lee Horner</b>			Treasurer Name <b>Dorothy M. Cunningham</b>		
Street Address <b>20 Settlers Path</b>			Street Address <b>408 Brenda Lane</b>		
City <b>Sandwich</b>	State <b>MA</b>	Zip <b>02563</b>	City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Dorothy M. Cunningham</b>			Director Name <b>Lee Horner</b>		
Street Address <b>408 Brenda Lane</b>			Street Address <b>20 Settlers Path</b>		
City <b>Franklin</b>	State <b>MA</b>	Zip <b>02038</b>	City <b>Sandwich</b>	State <b>MA</b>	Zip <b>02563</b>
Director Name <b>Karenann McLoughlin</b>			Director Name		
Street Address <b>144 Medway Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

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

FOR SECRETARY OF STATE USE ONLY

**FILED**

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.

**MAY 13 2013**

*Dorothy M. Cunningham* 5/8/2013  
 Signature of Officer Date

BY **7984**

**Dorothy M. Cunningham**

Print or Type Name of Officer

**President**

Title of Officer