



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
28276		Pawtucket + Providence Figure Skating Club			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		figure skating			
5. Principal Office Address			City	State	Zip
PO Box 374			Pawtucket	RI	02860
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Gloria Haddad			Janice DeJano		
Street Address			Street Address		
32 Tanger Rd.			45 Tracey Beth Drive		
City	State	Zip	City	State	Zip
Seekonk	Ma	02971	No Attleboro	Ma	02760
Secretary Name			Treasurer Name		
Marie Truppa			Debra Merry		
Street Address			Street Address		
8 Benjamin Dr			500 Mendon Rd Unit 117		
City	State	Zip	City	State	Zip
No Prov	RI	02904	Attleboro	Ma	02703
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Irene Chliwner			Gerald Miele		
Street Address			Street Address		
317 Beckwith Street			31 Randall St.		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Greenville	RI	02828
Director Name			Director Name		
Marion Masterson Tso			Susan Conroy		
Street Address			Street Address		
9 Barquette Dr.			108 Augsburg Dr		
City	State	Zip	City	State	Zip
Lincoln	RI	02904	Attleboro	Ma	02703
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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					Date
Marie Truppa / Secretary					5-13-2016
Signature of Officer/Authorized Representative					
Marie Truppa					

Check # 1458

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BY

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**Other Officers and Board Members:**

**Kristen Souza- Assistant Treasurer**

**50 Piave Street**

**Pawtucket, RI 02860**

**Roland Bessette- Past President**

**32 Winnemay Street**

**Natick, Ma 01760**

**Maryellen Fricot**

**PO Box 3293**

**70 Robinson Avenue**

**South Attleboro, Ma 02703**

**Erin Bettancourt**

**10 Railroad St. Apt 139 W**

**Slatersville, RI 02876**

**Yuko Yano**

**8 Lincoln Avenue**

**Lincoln RI 02865**