RI SOS Filing State of Rhode Island and	Providence Plant	ations	Date: 7/1/2019 4:00:00	PM	
Department of State - Business Services Di nual Report for the year: n-Profit Corporation Filing period: June 1 - June 30 Filing Fee: \$20.00 Penalty: Additional \$25.00 fee if form is not filed by July 30.			FILED  JUL 01 2019  BY		
1. Entity ID Number	2. Exact name o	f the Corporation			
000028216	Pawtuci	cet + Pro	vidence Figure Skating Club		
3. State of Incorporation			of business conducted in Rhod		
RI	all Kinder of Signer Apoling - Isio, Style.				
4. NAICS Code	all Kinds of figure skaling - free Style, moves in the field, synchronized; theatre on				
713940	moves on the fella, significance, thearse or				
6. Principal Office Address			City 8	State	Zip
PO Box 374			Pawtick +	RI	02860
7. List ALL officers (names and add	resses)			Check the box to indica	ate an attachment
President Name Horia Haddad			Vice-President Name Delano		
Street Address Tanager Rd			Street Address 45 Tracey Beth Drive		
City Seekonk	State A	Zip (0277)	City No Attle hora	State	Zip 02760
Secretary Name			Treasurer Name Debra Merr	11	<u> </u>
Street Address 70 Fook Street			Street Address Mendon Rd Unit 117		
city Barrington RI	State	Zip 02806	city Attle burd	State	Zip 022 0 3
8. List ALL directors (names and ac	Idresses). RI Corp			17710	
Discount Alexander			<del></del>	Check the box to indica	ate an attachment
Director Name  Generald Miele			Maryellen Fricat		
Street Address 31 Randall St.			Street Address Po Bob 3293 10 Robinson Ave		
Greenville.	State	Zip 02828	So Attlebard	State	2ip 02703
Director Name			Director Name		
Street Address			Street Address 1		
317 Beckwith	57.	I	8 Lincoln H		
City Cranston	State	Zip 02910	city,	State	Zip 07865
9. Registered Agent in Rhode Island	d. This information i	s currently of record	in the Department of State. Change	s require filing Form 64	

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.

SIGN DOCUMENT HERE

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

Marco Support
Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov Entity 000028276

Haoli Li (Assistant Treasurer)

24 Kenmore Court

Barrington, RI 02806

Other Board Members:

James Casey

44 Holly Street

Providence, RI 02906

Lisa Mc Mahon

48 Patrick Way

Warwick, RI 02886-0423

FILED

BV 1205 05 # 28274