State of Rhode Island and	Providence Plant	ations			
Department of Sta			vision	-	
Annual Report for the year:	n-Profit Corporation — 2019		FILED		
Non-Profit Corporation → Filing period: June 1 - June 30			JUL 01 2019		
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.			BY		
1. Entity ID Number	2. Exact name o	f the Corporation			
000028 276	Pawtucket + Providence Figure Skating Club				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	all Kinds of figure skaling - free Style, moves in the field, synchronized; theatre on ice + ice dancing				
4. NAICS Code	are for	nat Is	ed sumbly	July 1	
713940	moves	mine fu	era, syrenesragea	of THEAT?	e orc
6. Principal Office Address			City	State	Zip
PO Box 374			Partick+	RI	02860
7. List ALL officers (names and addresses)			Chack the box to indicate an attachment		
President Name Haddad			Vice-President Name Tanice Delano		
Street Address Tanager Rd			Street Address 45 Tracey Beth Drive		
city Seekonk	State M a	Zip 02771	City No Attle boru	State	Zip 02760
Secretary Name Maria Santini			Treasurer Name Debra Merry		
Street Address Street			Street Address Mendon Rd Unit 117		
City Barrington BI	State	Zip 2806	city Attleburd	State	Zip 02103
8. List ALL directors (names and ad	ddresses). Rl Con			eck the box to indica	
Director Name Gerald Miele			Director Name Maruellen Fricat		
Street Address 31 Randall St.			Street Address PO Box 3293 10 Robinson Ave		
Greenville	State	Zip 02828	So Attleboro	State	Zip 02703
Director Name Erene Chliwner			Director Name		
Street Address 317 Rec V with St.			Street Address		
City Proceeding	State	Zip 02910	City,	State	Zip 0786
9. Registered Agent in Rhode Islan		 	in the Department of State. Changes re	ユノウ/. guire filina Form 641	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

SIGN DOCUMENT HERE

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

MAIL TO:

Division of Business Services

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

Name of Officer/Authorized Representative

Signature of Officer/Authorized Representative

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 **Website:** www.sos.ri.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