



FILED

Annual Report for the year: 2023
 Non-Profit Corporation

FEB 09 2023
 BY: 3108
[Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

| | | | |
|---|--------------------|--|-----------------------|
| 1. Entry ID Number 000028734 | | 2. Exact name of the Corporation The Providence Turners | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island gymnastics classes for youth stand up - family party's (1st birthday, etc) | |
| 4. NAICS Code 713390 | | | |
| 6. Principal Office Address 118 Glenbridge Ave | | City Prov | State RJ |
| | | Zip 02909 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Leslie A. DeLuca | | Vice President Name Melissa Muratori | |
| Street Address 191 Carleton St. | | Street Address 27 Brush Hill Rd | |
| City Prov | State RJ | City Prov. | State RJ |
| Zip 02908 | | Zip 02909 | |
| Secretary Name Melissa Muratori | | Treasurer Name Lucia DeLuca | |
| Street Address 27 Brush Hill Rd. | | Street Address 7 Armington Ave | |
| City Prov. | State RJ | City Prov. | State RJ |
| Zip 02909 | | Zip 02908 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Leslie DeLuca | | Director Name Melissa Muratori | |
| Street Address 191 Carleton St | | Street Address 27 Brush Hill Rd | |
| City Prov | State RJ | City Prov | State RJ |
| Zip 02908 | | Zip 02909 | |
| Director Name Lucia DeLuca | | Director Name | |
| Street Address 7 Armington Ave | | Street Address | |
| City Prov | State RJ | City | State |
| Zip 02908 | | Zip | |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641 | | | |
| 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i> | | | |
| Name of Officer/Authorized Representative Leslie A. DeLuca | | | Date 2-1-23 |
| Signature of Officer/Authorized Representative Leslie A. DeLuca | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 277-3043
 Website: www.sos.ri.gov