



State of Rhode Island
Department of State - Business Services Division

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:
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