FILED

MAR 2 7 2024

BY

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

Annual Report for the year:
Non-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.

1. Entity ID Number 000058113	2. Exact name of the Corporation New England Amateur Skating Foundation, Inc		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Promotion of amateur figure skating		
4. NAICS Code 813211 - Grantmaking Found:			
6. Principal Office Address 62 Paterson Street	City Providence	State RI	Zip 02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Carol Anne Bennett			Vice-President Name David Edmonds		
Street Address 62 Paterson Street			Street Address 188 President Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Christine Townsend			Treasurer Name Carol Anne Bennett		
Street Address 295 Blackstone Boulevard			Street Address 62 Paterson Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Carol Anne Bennett			Director Name Christine Townsend		
Street Address 62 Paterson Street			Street Address 295 Blackstone Boulevard		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name David Edmonds			Director Name Victoria Donty		
Street Address 188 President Avenue			Street Address 952 Kingstown Road		
City Providence	State RI	Zip 02906	City Wakefield	State RI	Zip 02879

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.

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
Carol Anne Bennett

Date 3/27/24

Signature of Officer/Authorized Representative
Carol Anne Bennett