



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Non-Profit Corporation

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

1. Entity ID Number <u>28734</u>	2. Exact name of the Corporation <u>The Providence Turners</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Gymnastics classes for youth and rental for family parties</u>
4. NAICS Code <u>713390</u>	

6. Principal Office Address <u>118 Glenbridge Ave.</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02909</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Leslie A. DeLuca</u>			Vice-President Name <u>Melissa Muratori</u>		
Street Address <u>191 Carleton St.</u>			Street Address <u>27 Brush Hill Rd.</u>		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02909</u>
Secretary Name <u>Melissa Muratori</u>			Treasurer Name <u>Lucia DeLuca</u>		
Street Address <u>27 Brush Hill Rd.</u>			Street Address <u>7 Armington Ave.</u>		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02908</u>

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

Director Name <u>Lucia DeLuca</u>			Director Name <u>Melissa Muratori</u>		
Street Address <u>7 Armington Ave.</u>			Street Address <u>27 Brush Hill Rd.</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>Melissa Muratori</u>			Director Name <u>Leslie DeLuca</u>		
Street Address 27 Armington Ave.			Street Address <u>191 Carleton St.</u>		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02908</u>

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.

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 <u>Leslie A. DeLuca</u>	Date <u>4-15-24</u>	President
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Signature of Officer/Authorized Representative <u>Leslie A. DeLuca</u>	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 01 2024
BY SKYPA
RS FORM 631 - Revised: 12/2023