FILED

APR 11 2025

BY 16751

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

Annual Report for the year: 2025
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	2 Exact name of the Corporation
000058113	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 Founds	

6. Principal Office Address	City	State	Zip
62 Paterson Street	Providence	RI	02906

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

President Name	Vice-President Name
Carol Anne Bennett	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	**Treasurer Name**
Christine Townsend	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	Director Name
Carol Anne Bennett	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	**Director Name**
David Edmonds	Victoria Donly
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

Signature of Officer/Authorized Representative
Carol Anne Bennett

3/24/25