

FILED

APR 11 2025

BY 16751



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

Annual Report for the year:
Non-Profit Corporation

2025

→ 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 Foundi			
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	City Providence	State RI
Zip 02906		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	City Providence	State RI
Zip 02906		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	City Providence	State RI
Zip 02906		Zip 02906	
Director Name David Edmonds		Director Name Victoria Donly	
Street Address 188 President Avenue		Street Address 952 Kingstown Road	
City Providence	State RI	City Wakefield	State RI
Zip 02906		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