



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

|  |                    |  |                     |
|--|--------------------|--|---------------------|
| 1. Corporate ID No.<br><b>146884</b>   |                    | 2. Name of Corporation<br><b>Metacomet Select Lacrosse, Inc.</b>   |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 4. Corporate address in Rhode Island - Street Address<br><b>97 Rhode Island Avenue</b>                             |                     |
|  |                    | City<br><b>Newport</b>   | Zip<br><b>02840</b> |
| 5. Foreign corporation. Enter principal office address   |                    | City   | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>To operate exclusively for charitable and educational purposes. |                    |  |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                    |                    |  |                     |
| President Name<br><b>DONNER CARR</b>   |                    | Vice President Name<br><b>SHAUN BOGAN</b>  |                     |
| Street Address<br><b>45 DEVON SQURT</b>  |                    | Street Address<br><b>31 BRYANTS WAY</b>  |                     |
| City<br><b>EAST GREENWICH</b>  | State<br><b>RI</b> | City<br><b>SWANSEA</b>   | State<br><b>MA</b>  |
| Secretary Name<br><b>ED O'BRIEN</b>  |                    | Treasurer Name<br><b>CHRIS KEITH KEITH</b>   |                     |
| Street Address<br><b>87 INTERLOCKEN RD</b>   |                    | Street Address<br><b>21 RIVERWOODS CT</b>  |                     |
| City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | City<br><b>RUMFORD</b>   | State<br><b>RI</b>  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                   |                    | 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 |                     |
| Director Name<br><b>ED MACK</b>  |                    | Director Name<br><b>PETER SCHMITZ</b>  |                     |
| Street Address<br><b>11 HOPE ST</b>  |                    | Street Address<br><b>152 COGDON ST</b>   |                     |
| City<br><b>BRISTOL</b>   | State<br><b>RI</b> | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>  |
| Director Name<br><b>MATT NUNES</b>   |                    | Director Name  |                     |
| Street Address<br><b>60 ALMY ST</b>  |                    | Street Address   |                     |
| City<br><b>NEWPORT</b>   | State<br><b>RI</b> | City   | State               |
| Agent Name<br><b>Sandra Matrone Mack, Esquire</b>  |                    | Address  |                     |
| Address<br><b>50 Kennedy Plaza, Ste. 1500</b>  |                    | City<br><b>Providence</b>  | Zip<br><b>02903</b> |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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|---------------------------------|--|
| <b>FILED</b>                    |  |
| File Date<br><b>JUN 10 2008</b> |  |
| Check No.<br><b>By 196546</b>   |  |
| By                              |  |
| FOR SECRETARY OF STATE USE ONLY |  |

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.

*Edward W O'Brien*  
Signature of Officer 6/03/08  
Date

**EDWARD W O'BRIEN**  
Print or Type Name of Officer

**SECRETARY**  
Title of Officer