

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

Solution 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.	2. Name of Corporation	1 1	_		
117775	West Lay Gouth 4. Corporate address in Rhode Island - Greet Address	Cacrone 97584	he	T	
3. State of Incorporation	1	· /	Sax bree	wich 210 02818	
£1	45 Deven C	out	sar ou	20.0	
5. Foreign corporation. Enter prin	ncipal office address	City	State	Zip	
		1		ł	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
To prenote the sport of Lacroson among the youth of Il.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name		Vice President Name			
me Donner I Chrr		IT Hiller			
Street Address	,	Street Address	_	- ' >	
City_+ (. Ct		stone.	Ridge Dr	
Sut brewain	State R1 Zip OL818	Let sunwin	State	1 02818	
Secretary Name Ronald	hrandillo	Treasurer Name	Hiller	-	
Street Address 9 Qu	aile Court	Street Address 50 STD	ne Ridge	e Dr	
Sat Grania	State R1 Zip OL818	Ent Curusus	State X	2ip 028/8	
8. NAMES AND ADDRESSE	S OF THE DIRECTORS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING	ATTACHMENTS	
THE NUMBER OF DIRECT	ORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT B	E LESS THAN	THREE (3). R.I.G.L. 7-6-23	
Director Name	,	Director Name	57		
Donner	D OUT	TTH	ller		
Street Address	<u>D. (34)</u>	Street Address	,		
45 Dw	on CT	50 5TM	- Lolge	c On	
Ent burnel	State R1 Zip 02818	Ent beewin	Siane RI	Zip BLF(V)	
Director Name Porala	handille	Director Name			
Street Address 9 Qualit	2 Cout	Street Address		R -2	
Set Conswich	State R1 Zip OL818	City	State	<i>Σψ</i>	
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					
Agent Name		Address			
Donner	D Carr			<u> </u>	
Address	eva Cont	East Creen we	LP1	02818	
	and the state of t		T	Pagaiyar or Tructes	

	Under penalty of perjury, I declare and affi report, including any accompanying schedule
File Date FILED	statements contained herein are true and com
Check No. MAR 6 2 2009	Signaphre of Officer THille
By 909	Print or Type Name of Officer Telasure
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	
statements contained herein are true and correct.	/ /
() T Hiller	7/28/08
Signature of Officer	Date
TTHiller	
Print or Type Name of Officer	
Treasure	
Title of Officer	Form 631 Rev. 12/06