



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>152543</u>		2. Name of Corporation <u>Ocean State Lacrosse CLUB Inc.</u>			
3. Street Address Principal Business Office <u>88 Karon Ave</u>			City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
4. Business Phone No. <u>(401) 396-9885</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Indoor + Outdoor Lacrosse</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Jeffrey S. Pophan Street Address <u>88 Karon Ave</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u> Secretary Name <u>Jeffrey S. Pophan</u> Street Address <u>88 Karon Ave</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>			Mary M. Pophan Street Address <u>88 Karon Ave</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u> Treasurer Name <u>Jeffrey S. Pophan</u> Street Address <u>88 Karon Ave</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
None					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <u>1,000</u>	Class/Series <u>Common</u>	Par Value <u>\$.01</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date MAR 28 2011
 Check No. By MNC
 By: 1624
 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.

Signature [Signature] Date 3/25/11
 Print or Type Name Jeffrey S. Pophan
 Title President