



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000257064

2. Name of Corporation Northern Rhode Island Youth Lacrosse Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 562
City or Town: GREENVILLE State: RI Zip: 02828-0562 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

YOUTH LACROSSE ORGANIZATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	COLIN BISHOP	94 WATERMAN ST. PROVIDENCE, RI 02906 USA
TREASURER	GERALD PEZZULLO	278 OLD COUNTY RD. SMITHFIELD, RI 02917 USA
SECRETARY	SHELLEY ONEILL	107 BRENTWOOD DR. NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	RICHARD WATERMAN	21 SANDY BROOK RD. NORTH SCITUATE, RI 02857 USA
DIRECTOR	ALEJANDRO ZAPATA	30 OAKDALE ST. SMITHFIELD, RI 02917 USA
DIRECTOR	DOUG COREY	94 QUAKER LANE NORTH SCITUATE, RI 02857 USA
DIRECTOR	KIMBERLY WISE	480 LOG RD. SMITHFIELD, RI 02917 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

COLIN BISHOP 94 WATERMAN ST. PROVIDENCE , RI 02906

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

Signed this 24 Day of June, 2012 at 5:44:06 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By COLIN BISHOP
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07