STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
103763	**Lincoln Youth Soccer Association, Inc.**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **The organization and promotion of youth soccer teams and the origination and promotion of a youth soccer league**

5. Principal office address	City	State	Zip
P.O. Box 323	**Lincoln**	**RI**	**02865**

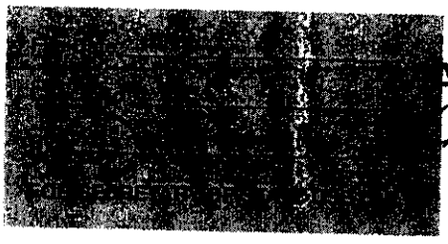
President Name: **John Lafleur**			Vice-President Name: **Stephen Breggia**		
Street Address: **78 Carriage Drive**			Street Address: **9 Alern Way**		
City: **Lincoln**	State: **RI**	Zip: **02865**	City: **Lincoln**	State: **RI**	Zip: **02865**
Secretary Name: **Elisa McDonough**			Treasurer Name: **Rosanne Kern**		
Street Address: **10 Preakness Drive**			Street Address: **4 Monarch Way**		
City: **Lincoln**	State: **RI**	Zip: **02865**	City: **Lincoln**	State: **RI**	Zip: **02865**

Director Name: **Rob Brunette**			Director Name: **Chris Kumar**		
Street Address: **12 Reservoir Avenue**			Street Address: **3 Chase Lane**		
City: **Lincoln**	State: **RI**	Zip: **02838**	City: **Lincoln**	State: **RI**	Zip: **02865**
Director Name: **Peter Gannon**			Director Name:		
Street Address: **14 Joyce Ann Drive**			Street Address:		
City: **Manville**	State: **RI**	Zip: **02838**	City:	State:	Zip:

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED
JUL 12 2012



W#2069

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.

Rosanne Kern — 7/6/12
Signature of Officer — Date

Rosanne Kern
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012

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