



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.

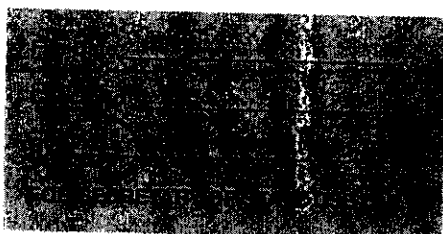
1. Entity ID No. 103763		2. Exact name of the Corporation Lincoln Youth Soccer Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The organization and promotion of youth soccer teams and the origination and promotion of a youth soccer league			
5. Principal office address P.O. Box 323		City Lincoln		State RI	Zip 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



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
Signature of Officer

7/6/12
Date

Rosanne Kern

Print or Type Name of Officer

Treasurer

Title of Officer