



**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. <b>47276</b>		2. Exact name of the Corporation <b>Police Athletic League of Barrington, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>youth oriented sports activities</b>			
5. Principal office address <b>100 Federal Road</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
6. LIST <b>ALL</b> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>John M LaCross</b>			Vice-President Name <b>Shane Allen</b>		
Street Address <b>10 Westwood Lane</b>			Street Address <b>92 Country Side Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Kenneth Schauble</b>			Treasurer Name <b>Dino DeCrescenzo</b>		
Street Address <b>35 Wallis Avenue</b>			Street Address <b>72 Gorham Street</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
7. LIST <b>ALL</b> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>John Duffy</b>			Director Name <b>Lee Soito</b>		
Street Address <b>2564 Mendon Road</b>			Street Address <b>238 Perryville Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Director Name <b>Todd J.A. Travers</b>			Director Name		
Street Address <b>1155 Hope Street</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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**

**FEB 06 2013**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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 of Officer

**2/5/2013**

Date

**John M LaCross**

Print or Type Name of Officer

**President**

Title of Officer