



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 **2013**

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. 793441		2. Exact name of the Corporation KMS Lacrosse			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 3 Mayo Drive			City Warren	State RI	Zip 02885
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan Rancourt			Vice-President Name		
Street Address 3 Mayo Drive			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Susan Rancourt			Director Name J. Edward Hanley		
Street Address 3 Mayo Drive			Street Address 38 Ridge Road		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
Director Name Lisa J. Wilson			Director Name		
Street Address 38 Ridge Road			Street Address		
City Bristol	State RI	Zip 02809	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 27 2013

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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.

Susan Rancourt 6 MAY 13
 Signature of Officer Date

Susan Rancourt

Print or Type Name of Officer

Director President

Title of Officer