



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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. <u>28119</u>		2. Exact name of the Corporation <u>LYMAN ATHLETIC CLUB</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>SUPPORTING YOUTHS IN ATHLETICS</u>	
5. Principal office address <u>36 HUMBERT ST.</u>		City <u>NO. PROV.</u>	State <u>RI</u>
		Zip <u>02911</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>ERIC J. RUSSO</u>		Vice-President Name <u>FRANK RUSSO</u>	
Street Address <u>131 SCENERY LANE</u>		Street Address <u>1725 SMITH ST.</u>	
City <u>JANUSTON</u>	State <u>RI</u>	City <u>NO. PROV.</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02911</u>	
Secretary Name <u>JOHN KEN FARLIN</u>		Treasurer Name <u>ERIC J. RUSSO</u>	
Street Address <u>25 BOUNDARY AVE</u>		Street Address <u>131 SCENERY LANE</u>	
City <u>JANUSTON</u>	State <u>RI</u>	City <u>JANUSTON</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
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 <u>ROBERT MUSUMECI</u>		Director Name <u>STEVEN TESTA</u>	
Street Address <u>161 SCENERY LANE</u>		Street Address <u>2 TESTA DR.</u>	
City <u>JANUSTON</u>	State <u>RI</u>	City <u>NO. PROV.</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02911</u>	
Director Name <u>LUSI DELPANTE</u>		Director Name <u>ROBERT KOLA</u>	
Street Address <u>1747 SMITH ST.</u>		Street Address <u>1777 SMITH ST.</u>	
City <u>NO. PROV.</u>	State <u>RI</u>	City <u>NO. PROV.</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02911</u>	
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, duly Authorized Representative, Receiver or Trustee

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 10 2014

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.

ERIC J. RUSSO 6/9/14  
Signature of Officer or Authorized Representative Date

ERIC J. RUSSO  
Print or Type Name of Officer or Authorized Representative