



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. 276838		2. Exact name of the Corporation PROVIDENCE YOUTH LACROSSE	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Lacrosse for boys and girls in Providence and surrounding area.	
5. Principal office address 49 Weybasset St		City PROVIDENCE	State RI
		Zip 02903	
President Name HAI LE		Vice-President Name KEVIN CAHILL	
Street Address 118 BRIARBROOK DRIVE		Street Address 30 Montague St	
City SEEKONK	State MA.	City Providence	State RI
Zip 02771		Zip 02906	
Secretary Name Marisa Brown		Treasurer Name Hai Le	
Street Address 91 William St		Street Address 118 Briarbrook Drive	
City Providence	State RI	City Seekonk	State MA
Zip 02906		Zip 02771	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT).			
Director Name Hai Le		Director Name Kevin Cahill	
Street Address 118 Briarbrook Drive		Street Address 30 Montague St	
City Seekonk	State MA	City Providence	State RI
Zip 02771		Zip 02903	
Director Name Marisa Brown		Director Name Gil Maclean	
Street Address 91 William St		Street Address 184 Upton Ave	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02903	
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 OFFICIAL USE ONLY

10:34 AM
FILED

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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.

[Signature]

Signature of Officer or Authorized Representative

4/6/2015

Date

Hai Le

Print or Type Name of Officer or Authorized Representative

Form No. 641
Revised 04/2014
CORPORATIONS
SECRETARY OF STATE