



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000146884

2. Name of Corporation Metacomet Select Lacrosse, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 11 HOPE STREET

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	CHRIS KEITH	21 RIVERWOODS COURT RUMFORD, RI 02916 USA
SECRETARY	EDWARD W. O BRIEN	87 INTERLOCKEN ROAD EAST PROVIDENCE, RI 02914 USA
PRESIDENT	DONNER CARR	45 DEVON COURT

		EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	SHAUN BOGAN	31 BRYANTS WAY SWANSEA, MA 02777 USA
DIRECTOR	PETER SCHMITZ	152 CONGDON STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MATT NUNES	60 ALMY STREET NEWPORT, RI 02840 USA
DIRECTOR	EDWARD J. MACK II	11 HOPE STREET BRISTOL, RI 02809 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SANDRA MATRONE MACK, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 6 Day of May, 2015 at 3:19:39 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By EDWARD W. OBRIEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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