RI SOS Filing Number: 201563527250 Date: 06/18/2015 12:52 PM

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. 000499122

2. Name of Corporation North Kingstown Youth Lacrosse, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 1271
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 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

TEAMWORK, SPORTSMANSHIP AND TEACHING AND INSTILLING A RESPECT OF THE GAME OF LACROSSE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
DIRECTOR	HOWARD SILVERSMITH	PO BOX 1271 NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	BRETT FISH	213 ORCHARD WOODS DRIVE SAUNDERSTOWN, RI 02874 USA

0-3921-0

DIRECTOR	BRIAN OFARRELL	120 WICKHAM ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JEFFREY WADOVICK	76 MESA DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SUSAN PULLYBLANK	258 BUTTERNUT DR. NORTH KINGSTOWN, RI 02852

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

JEFFREY D. WADOVICK 7715 POST ROAD P.O. BOX 1271 NORTH KINGSTOWN , RI 02852

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

Signed this 18 Day of June, 2015 at 12:55:01 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 JEFFREY D. WADOVICK, TREASURER
Signature of Authorized Person

Form No. 631
Revised 09/07