



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. 000257065

2. Name of Corporation Cumberland Youth Lacrosse Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 84 ABBOTT RUN VALLEY RD.

City or Town: CUMBERLAND

State: RI Zip: 02864 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

YOUTH LACROSSE ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	DANIEL P. STEVENSON	2 ROYAL COURT CUMBERLAND, RI 02864 US
TREASURER	DONALD E LEONARD JR	84 ABBOTT RUN VALLEY RD CUMBERLAND, RI 02864 US
SECRETARY	LAUREN SAMEK	61 HILLSIDE RD

		CUMBERLAND, RI 02864 RI
VICE PRESIDENT	JEFF CLARE	715 NATE WHIPPLE HWY CUMBERLAND, RI 02864 US
DIRECTOR	RICK BEAULIEU	196 HINES ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	SUSAN EVERS	60 HADDE AVE CUMBERLAND, RI 02864 US
DIRECTOR	NICOLE BECKER	7 BUENA VISTA DR CUMBERLAND, RI 02864 US

**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**

LAURA SHEEHAN 26 FREDERICK LANE CUMBERLAND , RI 02864

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

Signed this 25 Day of June, 2015 at 9:56:17 AM 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 DONALD E LEONARD JR
Signature of Authorized Person

Form No. 631
Revised 09/07

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