



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. 000156688

2. Name of Corporation Lincoln Youth Football and Cheerleading Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 503

City or Town: LINCOLN State: RI Zip: 02865 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 ESTABLISH AND CONDUCT AN ORGANIZED YOUTH FOOTBALL AND CHEERLEADING ORGANIZATION WITHIN THE TOWN OF LINCOLN TO OFFER INSTRUCTIONAL FOOTBALL AND CHEERLEADING FOR CHILDREN AGES 16 AND UNDER

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ERIC BORRELLI	473 ANGELL ROAD LINCOLN, RI 02865 USA

TREASURER	MICHAEL P LAROCQUE	24 BERNON DRIVE LINCOLN, RI 02865 USA
SECRETARY	NICOLE T ABNEY MRS	19 CROSS STREET MANVILLE, RI 02838 USA
VICE PRESIDENT	GUY WILLIAMS	8 OAKWOOD AVE LINCOLN, RI 02865 USA
DIRECTOR	MICHAEL LAROCQUE	24 BERNON DRIVE LINCOLN, RI 02865 USA
DIRECTOR	GUY WILLIAMS	8 OAKWOOD AVE LINCOLN, RI 02865 USA
DIRECTOR	ERIC BORRELLI	473 ANGELL ROAD LINCOLN, RI 02865 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**

MICHAEL LAROCQUE 3 VISTA DRIVE LINCOLN , RI 02865

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

Signed this 2 Day of November, 2015 at 5:37:10 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 MICHAEL LAROCQUE
Signature of Authorized Person

Form No. 631
Revised 09/07