



**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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2015

**Filing Period:** January 1 - March 1 • This report must be typed or printed legibly.

**Filing Fee:** \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>152543</u>		2. Exact name of the Corporation <u>Ocean State Lacrosse Club Inc.</u>	
3. Principal office address <u>88 Aaron Ave</u>		City <u>Bristol</u>	State <u>RI</u>
4. Business Phone No. <u>401-396-9889</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Indoor &amp; Outdoor Lacrosse Programs</u>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
President Name <u>Jeffrey J. Popham</u>		Vice-President Name <u>Mary Mack Popham</u>	
Street Address <u>88 Aaron Ave</u>		Street Address <u>88 Aaron Ave</u>	
City <u>Bristol</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Secretary Name <u>None</u>		Treasurer Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		<u>1000</u>	<u>Common</u>
		PAR VALUE	<u>.01</u>

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CORPORATIONS DIV.  
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

By: \_\_\_\_\_

FEB 25 2016

FOR SECRETARY OF STATE USE ONLY

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.

Jeffrey J. Popham  
Signature of Authorized Representative

2/22/16  
Date

Print or Type Name of Authorized Representative