



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>28119</u>	2. Exact name of the Corporation <u>LYMAN ATHLETIC CLUB</u>		
3. State of Incorporation <u>R.I.</u>	5. Brief description of the character of business conducted in Rhode Island <u>MEN'S ATHLETIC + SOCIAL CLUB</u> <u>SPONSOR OF MANY ATHLETIC +</u> <u>SOCIAL EVENTS</u>		
4. NAICS Code <u>81</u>			

6. Principal Office Address <u>35 Humbert St.</u>	City <u>NO. PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>ERIC J. RUSSO</u>			Vice-President Name <u>RAY FISHER</u>		
Street Address <u>131 SCENERY LANE</u>			Street Address <u>1227 GEORGE WATERMAN RD.</u>		
City <u>JOHNSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>
Secretary Name <u>KATHLEEN FORLINI</u>			Treasurer Name <u>ERIC J. RUSSO</u>		
Street Address <u>25 BOUNDARY AVE</u>			Street Address <u>131 SCENERY LANE</u>		
City <u>JOHNSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <u>LEU DELPONTE</u>			Director Name <u>Rob KOLA</u>		
Street Address <u>1914 SMITH ST.</u>			Street Address <u>1978 SMITH ST.</u>		
City <u>NO. PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>	City <u>NO. PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>
Director Name <u>STEVE TESTA</u>			Director Name <u>JOHN CLARKIE</u>		
Street Address <u>2 TESTA DR.</u>			Street Address <u>1141 Fruit Hill AVE</u>		
City <u>NO. PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>	City <u>NO. PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative <u>ERIC J. RUSSO</u> <u>PRESIDENT</u>	Date <u>6/16/17</u>
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Signature of Officer/Authorized Representative
Eric J. Russo President

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 JUN 21 2017
 BY 10975402230 DS

FORM 631 - Revised: 05/2017