



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2014  
 Non-Profit Corporation

2019 APR 16 AM 11:27

- 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 <b>000505912</b>		2. Exact name of the Corporation <b>D.L.R.C. Basketball / The Lizard Factory</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Dedicated to teaching the skills of basketball</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>69 Tanner St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>George Lindsey</b>		Vice-President Name <b>Stirling Washington</b>	
Street Address <b>69 Tanner St</b>		Street Address <b>57 Judith St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02909</b>	
Secretary Name <b>Antoine Lindsey</b>		Treasurer Name	
Street Address <b>69 Tanner St</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Antoine Lindsey</b>		Director Name <b>Douglas Johnson</b>	
Street Address <b>69 Tanner St</b>		Street Address <b>414 Friendship St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name <b>Rannie Robinson</b>		Director Name	
Street Address <b>236 Dudley St</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		Zip	
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 <b>George A. Lindsey</b>			Date <b>4/15/19</b>
Signature of Officer/Authorized Representative <i>George A. Lindsey</i>			

**FILED**

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