



**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:** 2019

**1. Corporate ID No.** 001678606

**2. Name of Corporation** Association for the Development of South County Youth Lacrosse, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813990

**4. Corporate Address in Rhode Island**

No. and Street: 151 SILVER LAKE AVENUE  
City or Town: WAKEFIELD State: RI Zip: 02879 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**

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES AS SUCH TERMS ARE DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND SPECIFICALLY FOR THE PURPOSE OF PROMOTING THE SPORT OF LACROSSE AMONG YOUTH IN SOUTHERN RHODE ISLAND.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	WILLIAM MARTIN	151 SILVER LAKE AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	AMY WOOTEN	87 KINGSTOWN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	MICHELE ELWELL	4630A SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
DIRECTOR	ROBERT KERAMIDAS	54 RIDGEWOOD LANE WAKEFIELD, RI 02879 USA
DIRECTOR	PAUL SENECAI	5 CASWELL STREET NARRAGANSETT, RI 02882 USA
DIRECTOR	CAMERON GOODWIN	74 DAVIDS WAY WAKEFIELD, RI 02879 USA
DIRECTOR	WILLIAM MARTIN	151 SILVER LAKE AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	KAREN HUMES	33 KINGSTON AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	LISA JONES	83 ORCHARD AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	MARK PEROTTI	35 DAVIS STREET WAKEFIELD, RI 02879 USA
DIRECTOR	JERRY BONNER	156 METTATUXET ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	MIKE HAND	20 ELDERBERRY LANE WAKEFIELD, RI 02879 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**

WILLIAM MARTIN 151 SILVER LAKE AVENUE WAKEFIELD , RI 02879

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

**Signed this 3 Day of June, 2019 at 9:21:52 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 WILLIAM MARTIN  
Signature of Authorized Person

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