



**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.** 001680714

**2. Name of Corporation** Cranston Lacrosse Club, 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

6

813990

**4. Corporate Address in Rhode Island**

No. and Street: 536 ATWELLS AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02909

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 FOSTER AND DEVELOP THE RECREATIONAL SPORT OF YOUTH LACROSSE IN THE CITY OF CRANSTON, RHODE ISLAND. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES IN ACCORDANCE WITH THE SPECIFIC REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	PETE KELLEHER	223 ARMINGTON STREET CRANSTON, RI 02905 USA
TREASURER	ROBERT A. D'AMICO II	536 ATWELLS AVE PROVIDENCE, RI 02909 USA
SECRETARY	SHAWN P. BAILEY	1248 HARTFORD PIKE SCITUATE, RI 02857 USA
VICE PRESIDENT	ROBERT A. D'AMICO II	536 ATWELLS AVE PROVIDENCE, RI 02909 USA
DIRECTOR	SHAWN P BAILEY	1248 HARTFORD PIKE SCITUATE , RI 02857 USA
DIRECTOR	ROBERT A. D'AMICO II	536 ATWELLS AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	PETE KELLEHER	223 ARMINGTON STREET CRANSTON, RI 02905 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**

ROBERT A. D'AMICO II, ESQ. 536 ATWELLS AVENUE PROVIDENCE , RI 02909

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

**Signed this 12 Day of June, 2019 at 1:47:00 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 ROBERT A. D'AMICO II, VICE PRESIDENT  
Signature of Authorized Person

Form No. 631  
Revised 09/07