



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

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 RI DEPT. OF STATE
 BUS SVCS DIV
 2019 AUG 13 PM 12:01

Annual Report for the year: 2019
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 00257065		2. Exact name of the Corporation CUMBERLAND YOUTH LACROSSE ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island YOUTH LACROSSE ORGANIZATION			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 2 ROYAL COURT			City CUMBERLAND	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANIEL P STEVENSON			Vice-President Name MELISSA CLARE		
Street Address 2 ROYAL COURT			Street Address 715 NATE WHIPPLE HIGHWAY		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name AMY ROGALSKI			Treasurer Name GINA NORTON		
Street Address 26 JASON'S GRANT DRIVE			Street Address 266 CURRAN ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID BECKER			Director Name DANIEL STEVENSON		
Street Address 7 BUENA VISTA DRIVE			Street Address 2 ROYAL COURT		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name JACKIE HOOPER			Director Name THOMAS MIECZYNSKI		
Street Address 9 BUENA VISTA DRIVE			Street Address 11 BUENA VISTA DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative DANIEL P. STEVENSON, PRESIDENT				Date 08/07/2019	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE FILED					

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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 A.A. 12:03 PM, FORM 631 - Revised: 06/2017