



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

Annual Report for the year: **2020**
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.

FILED

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1. Entity ID Number 001670080		2. Exact name of the Corporation Friends of Barrington Lacrosse			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising for the Barrington, Rhode Island High School Lacrosse programs.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 100 Elm Street			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Curry			Vice-President Name Julie Gaffney		
Street Address 8 Stratford Road			Street Address 69 Adams Point Road		
City Barrington	State RI	Zip 02086	City Barrington	State RI	Zip 02806
Secretary Name Donna Curry			Treasurer Name Timothy Ouhrabka		
Street Address 8 Stratford Road			Street Address 59 Chapin Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Michael Curry			Director Name Julie Gaffney		
Street Address 8 Stratford Road			Street Address 69 Adams Point Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Timothy Ouhrabka			Director Name Donna Curry		
Street Address 59 Chapin Road			Street Address 8 Stratford Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Timothy Ouhrabka				Date 5/29/2020	
Signature of Officer/Authorized Representative <i>Timothy Ouhrabka</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov