



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

FILED

Annual Report for the year: 2020
 Non-Profit Corporation

JUN 11 2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 10865472403
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1. Entity ID Number <u>000028119</u>		2. Exact name of the Corporation <u>LYMAN ATHLETIC CLUB</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>SUPPORTING LOCAL YOUTH ATHLETICS ORGANIZING BOTH MEN + YOUNG MEN ATHLETICS EVENTS.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>36 Humbert St.</u>		City <u>NO. PROV.</u>	State <u>R.I.</u>
		Zip <u>02911</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ERIC J. RUSSO</u>		Vice-President Name <u>STEVE TESTA</u>	
Street Address <u>131 SCENERY LANE</u>		Street Address <u>2 TESTA DR.</u>	
City <u>JOHNSTON</u>	State <u>R.I.</u>	City <u>NO. PROV.</u>	State <u>R.I.</u>
Zip <u>02919</u>		Zip <u>02911</u>	
Secretary Name <u>KATHLEEN FORLINI</u>		Treasurer Name <u>ERIC J. RUSSO</u>	
Street Address <u>25 BOUNDARY AVE</u>		Street Address <u>131 SCENERY LANE</u>	
City <u>JOHNSTON</u>	State <u>R.I.</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>
Zip <u>02919</u>		Zip <u>02919</u>	
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 <u>LOW DELPONTE</u>		Director Name <u>RAY FISHER</u>	
Street Address <u>1923 SMITH ST.</u>		Street Address <u>908 GEORGE WATKINS DR.</u>	
City <u>NO. PROV.</u>	State <u>R.I.</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>
Zip <u>02911</u>		Zip <u>02919</u>	
Director Name <u>FRANK RUSSO</u>		Director Name <u>LARRY DONAHUE</u>	
Street Address <u>118 SMITH ST.</u>		Street Address <u>1121 MINERAL SPRING AVE.</u>	
City <u>NO. PROV.</u>	State <u>R.I.</u>	City <u>NO. PROV.</u>	State <u>R.I.</u>
Zip <u>02911</u>		Zip <u>02911</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <u>ERIC J. RUSSO</u>			Date <u>6/9/20</u>
Signature of Officer/Authorized Representative <u>Eric J. Russo</u>			SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov