	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-30	04-2615	
Limited Liability Comp	bany		
Annual Report Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001678043</u>			
2. Exact Name of the Limited Liability Company Team 401 Lacrosse, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>611620</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conduct	ed in Rhode Island
GIRLS LACROSSE DEV	ELOPMENT PROGRAM		
5. Principal Office Addres	S		
	DGEWOOD AVE. NSTON State:	<u>RI</u> Zip: <u>02905</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact F	Person:
Contact Name: <u>BRIAN TODD WILLIAMS</u> Contact Title: <u>MEMBER</u> No. and Street: <u>95 EDGEWOOD AVE</u> .			
	ISTON State:	<u>RI</u> Zip: <u>02905</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix		dress State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRIAN TODD WILLIAMS <u>95 EDGEWOOD AVE.</u> <u>CRANSTON</u>, <u>RI</u> <u>02905</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of November, 2020 at 11:27:03 AM 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 § 7-16.

By BRIAN TODD WILLIAMS

Signature of Authorized Person

Form No. 632 Revised 09/07

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