



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
**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**  
**JUN 30 2021** *or*  
*6862*

1. Entity ID Number 103763		2. Exact name of the Corporation LINCOLN YOUTH SOCCER ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE ORGANIZATION AND PROMOTION OF YOUTH SOCCER TERMS AND THE ORGANIZATION AND PROMOTION OF A YOUTH SOCCER LEAGUE			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address 509 GREAT ROAD		City LINCOLN	State RI	Zip 02865	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK DONFRANCESCO</b>		Vice-President Name <b>SERGIO DACOSTA</b>			
Street Address <b>509 GREAT ROAD</b>		Street Address <b>4 PAT DRIVE</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>CATHERINE WILLIAMS</b>		Treasurer Name <b>MARK DONFRANCESCO</b>			
Street Address <b>7 PRINCESS PINE DRIVE</b>		Street Address <b>509 GREAT ROAD</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARK DONFRANCESCO</b>		Director Name <b>SERGIO DACOSTA</b>			
Street Address <b>509 GREAT ROAD</b>		Street Address <b>4 PAT DRIVE</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>CATHERINE WILLIAMS</b>		Director Name			
Street Address <b>7 PRINCESS PINE DRIVE</b>		Street Address			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>MARK DONFRANCESCO</b>				Date <i>6/30/21</i>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov