



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001660281

2. Name of Corporation DLB GOALIE ACADEMY, INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
611519

4. Principal Office Address

No. and Street: P.O. BOX 229
City or Town: MENDON State: MA Zip: 01756 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE ANNUAL EDUCATIONAL SCHOLARSHIPS; TO IMPROVE THE CULTURE AND QUALITY OF GOALTENDING DEVELOPMENT BY RAISING AWARENESS ON PROPER TRAINING AND THE UTILIZATION OF AGE-APPROPRIATE FUNCTIONAL MOVEMENT DISCIPLINES; AND TO OPERATE EXCLUSIVELY FOR, AND WILL OPERATE EXCLUSIVELY AS A NON-PROFIT BUSINESS CORPORATION IN CONFORMITY WITH TITLE 7, CHAPTER 6 OF THE GENERAL LAWS OF THE STATE OF RHODE ISLAND, 1956, AS AMENDED, AND WITH SECTION 501 (C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF

ANY FUTURE FEDERAL TAX CODE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	KATERINA LEFORT	29 BRIAR DRIVE MILFORD, MA 01757 USA
DIRECTOR	GILBERT A LEFORT	725 MOWRY STREET HARRISVILLE, RI 02830 USA
DIRECTOR	DEBORAH J LEFORT	5955 SW 58TH PLACE OCALA, FL 34474 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRUCE HOWARD, JR. 176 CAMERON STREET PAWTUCKET , RI 02861

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of February, 2023 at 8:46:04 PM 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 § 7-6.

By GILBERT LEFORT II
Signature of Authorized Person

Form No. 631
Revised 09/07

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