



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

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RHODS BSO
24 FEB 23 AM 11:40:38
24 MAR 22 PM 11:25:05

1. Entity ID Number 000542965	2. Exact name of the Corporation COVENTRY YOUTH LACROSSE ASSOCIATION, INC.
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO SERVE THE RESIDENTS OF COVENTRY, AND OUR SURROUNDING AREA BY PROMOTING SPORTSMANSHIP & ATHLETIC ACHIEVEMENT THROUGH LACROSSE.
4. NAICS Code 713990	

8. Principal Office Address 31 DIANE DRIVE	City COVENTRY	State RI	Zip 02816
---	------------------	-------------	--------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH W. GAULIN, JR.			Vice-President Name SABRINA L. GAULIN		
Street Address 31 DIANE DRIVE			Street Address 31 DIANE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name SABRINA L. GAULIN			Treasurer Name JOSEPH W. GAULIN, JR.		
Street Address 31 DIANE DRIVE			Street Address 31 DIANE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816

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 JOSEPH W. GAULIN, JR.			Director Name SABRINA L. GAULIN		
Street Address 31 DIANE DRIVE			Street Address 31 DIANE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name <u>NIKOLE BRZOZA</u>			Director Name		
Street Address <u>48 ARABIAN DR</u>			Street Address		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>JOSEPH W GAULIN, JR</u>	Date <u>2/20/2024</u>
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

FILED

MAR 22 2024
BY 3W3XB AA-11129 AM