



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 - ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 001740010

2. Name of Corporation CHS Lady Oakers Lacrosse Booster Club

3. State of Incorporation

State: RI

**NAICS CODE**

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  
813990

4. Principal Office Address

No. and Street: 22 CHANDLER DRIVE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

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

TO SUPPORT THE ACTIVITIES AND EFFORTS OF THE GIRLS LACROSSE ATHLETES AT COVENTRY HIGH SCHOOL.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	HEATHER A SMITH	22 CHANDLER DRIVE COVENTRY, RI 02816 USA
DIRECTOR	RENEE LEPRE	56 HIBISCUS LANE COVENTRY, RI 02816 USA
DIRECTOR	HEATHER A SMITH	22 CHANDLER DRIVE COVENTRY, RI 02816 USA
DIRECTOR	EMILY CAHOON-HOWATH	343 HILL FARM ROAD COVENTRY, RI 02816 USA
DIRECTOR	SUZANNE DACEY	22 RAVEN BLVD GREENE, RI 02827 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**

HEATHER SMITH 22 CHANDLER DRIVE COVENTRY , RI 02816

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

**Signed this 30 Day of April, 2024 at 11:08:33 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 § 7-6.*

By RENEE LEPRE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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