



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**

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.

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CORPORATE DIVISION

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FOR  
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|                                                                                                                                                                                                                               |       |                                                                                                                                                     |                           |                                                                      |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------|---------------------|
| 1. Entity ID Number<br><b>000151539</b>                                                                                                                                                                                       |       | 2. Exact name of the Corporation<br><b>Island Youth Lacrosse</b>                                                                                    |                           |                                                                      |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                              |       | 5. Brief description of the character of business conducted in Rhode Island<br><b>Charitable, Religious, Educational, &amp; Scientific Services</b> |                           |                                                                      |                     |
| 4. NAICS Code<br><b>6241100</b>                                                                                                                                                                                               |       |                                                                                                                                                     |                           |                                                                      |                     |
| 6. Principal Office Address<br><b>1100 Aquidneck Ave.</b>                                                                                                                                                                     |       |                                                                                                                                                     | City<br><b>Middletown</b> | State<br><b>RI</b>                                                   | Zip<br><b>02842</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>                                                                     |       |                                                                                                                                                     |                           |                                                                      |                     |
| President Name                                                                                                                                                                                                                |       | Vice-President Name                                                                                                                                 |                           |                                                                      |                     |
| Street Address                                                                                                                                                                                                                |       | Street Address                                                                                                                                      |                           |                                                                      |                     |
| City                                                                                                                                                                                                                          | State | Zip                                                                                                                                                 | City                      | State                                                                | Zip                 |
| Secretary Name                                                                                                                                                                                                                |       | Treasurer Name                                                                                                                                      |                           |                                                                      |                     |
| Street Address                                                                                                                                                                                                                |       | Street Address                                                                                                                                      |                           |                                                                      |                     |
| City                                                                                                                                                                                                                          | State | Zip                                                                                                                                                 | City                      | State                                                                | Zip                 |
| 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 checked="" type="checkbox"/></span> |       |                                                                                                                                                     |                           |                                                                      |                     |
| Director Name                                                                                                                                                                                                                 |       | Director Name                                                                                                                                       |                           |                                                                      |                     |
| Street Address                                                                                                                                                                                                                |       | Street Address                                                                                                                                      |                           |                                                                      |                     |
| City                                                                                                                                                                                                                          | State | Zip                                                                                                                                                 | City                      | State                                                                | Zip                 |
| Director Name                                                                                                                                                                                                                 |       | Director Name                                                                                                                                       |                           |                                                                      |                     |
| Street Address                                                                                                                                                                                                                |       | Street Address                                                                                                                                      |                           |                                                                      |                     |
| City                                                                                                                                                                                                                          | State | Zip                                                                                                                                                 | 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, or Authorized Representative, Receiver or Trustee</small>                                               |       |                                                                                                                                                     |                           |                                                                      |                     |
| Name of Officer/Authorized Representative<br><b>Timothy Robinson</b>                                                                                                                                                          |       |                                                                                                                                                     |                           | Date<br><b>11/19/2024</b>                                            |                     |
| Signature of Officer/Authorized Representative<br><i>Timothy Robinson</i>                                                                                                                                                     |       |                                                                                                                                                     |                           | <b>FILED</b><br><b>JAN 30 2025</b><br><b>BY GNTTT</b><br><b>1045</b> |                     |

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

**Island Youth Lacrosse  
2023 Annual Report  
Officers  
Entity ID Number: 000151539**

| Program Year | Annual Report Year | Officer                  | Address             | City       | State | Zip   |
|--------------|--------------------|--------------------------|---------------------|------------|-------|-------|
| 2022         | 2023               | President - Neal Harrell | 271 Mitchell's Lane | Middletown | RI    | 02842 |
| 2022         | 2023               | Vice President - N/A     | N/A                 | N/A        | N/A   | N/A   |
| 2022         | 2023               | Treasurer - Tim Robinson | PO Box 4051         | Middletown | RI    | 02842 |
| 2022         | 2023               | Secretary - Greg Belcher | 18 Fairview Ave.    | Middletown | RI    | 02842 |