



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

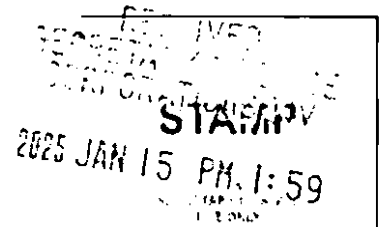
Non-Profit Corporation

→ 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 RI SOS BSD
25 JAN 30 AM 10:40:10



1. Entity ID Number 000151539		2. Exact name of the Corporation Island Youth Lacrosse			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable, Religious, Educational, & Scientific Services			
4. NAICS Code 6241100					
6. Principal Office Address 1100 Aquidneck Ave.			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neal Harrell			Vice-President Name		
Street Address 271 Mitchell's Lane			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Kirsten Klanian			Treasurer Name Timothy Robinson		
Street Address 24 Summerfield Lane			Street Address PO Box 4051		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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.					
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 Timothy Robinson				Date 11/19/2024	
Signature of Officer/Authorized Representative 				BY GN TTT 1043	

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
2021 Annual Report
Board of Directors
Entity ID Number: 000151539**

Program Year	Annual Report Year	Board Member	Address	City	State	Zip
2020	2021	Belcher, Greg	18 Fairview Ave.	Middletown	RI	02842
2020	2021	Bregenhoj, MJ	66 Burnside Ave.	Newport	RI	02840
2020	2021	Hamilton, Katie	10 Sachuest Drive	Middletown	RI	02842
2020	2021	Harrell, Neal	271 Mitchell's Lane	Middletown	RI	02842
2020	2021	Horn, Rachel	84 Faculty Dr.	Middletown	RI	02842
2020	2021	Freitas, Lauren	14 Lewis Dr.	Middletown	RI	02842
2020	2021	Klanian, Kirsten	24 Summerfield Lane	Middletown	RI	02842
2020	2021	Robinson, Tim	PO Box 4051	Middletown	RI	02842