



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2019

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.

1. Entity ID Number <b>000151539</b>		2. Exact name of the Corporation <b>Island Youth Lacrosse</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable, Religious, Educational, &amp; Scientific Services</b>			
4. NAICS Code <b>6241100</b>					
6. Principal Office Address <b>1100 Aquidneck Ave.</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Neal Harrell</b>			Vice-President Name		
Street Address <b>271 Mitchell's Lane</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name <b>Kirsten Klanian</b>			Treasurer Name <b>Timothy Robinson</b>		
Street Address <b>24 Summerfield Lane</b>			Street Address <b>PO Box 4051</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
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>					
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 <b>Timothy Robinson</b>				Date <b>1/19/2024</b>	
Signature of Officer/Authorized Representative <i>Timothy Robinson</i>				BY <b>9/NTT</b> <b>1041</b> <b>19</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**  
**2019 Annual Report**  
**Board of Directors**  
**Entity ID Number: 000151539**

Program Year	Annual Report Year	Board Member	Address	City	State	Zip
2018	2019	Bregenhøj, MJ	66 Burnside Ave.	Newport	RI	02840
2018	2019	Hamilton, Katie	10 Sachuest Drive	Middletown	RI	02842
2018	2019	Harrell, Neal	271 Mitchell's Lane	Middletown	RI	02842
2018	2019	Klanian, Kirsten	24 Summerfield Lane	Middletown	RI	02842
2018	2019	Robinson, Tim	PO Box 4051	Middletown	RI	02842