



**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 2025:** 2025

**1. Corporate ID No.** 001763556

**2. Name of Corporation** Lincoln Youth Basketball Association

**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

713990

**4. Principal Office Address**

No. and Street: 5 WAKE ROBIN ROAD UNIT 2101

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

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

1.) TO PROVIDE CHARITABLE ASSISTANCE TO THE GENERAL PUBLIC OF LINCOLN, RI, BY GIVING YOUTH INTERESTED IN THE PLAY OF BASKETBALL THE OPPORTUNITY TO PARTICIPATE IN THE GAME REGARDLESS OF SEX, RACE, OR CREED. THE ORGANIZATION'S PHILOSOPHY IS TO EMPHASIZE THE ENJOYMENT, SPORTSMANSHIP, TEAM PLAY, AND THE DEVELOPMENT OF SKILLS ASSOCIATED WITH THE GAME OF

**BASKETBALL**

**AND TO PROVIDE EQUAL PARTICIPATION IN COMPETITIONS AND PRACTICE BY ALL PLAYERS.**

**2. TO ENGAGE IN ANY ACT AS APPROVED BY THE BOARD OF DIRECTORS, PROVIDED SUCH ACTIVITY IS NOT UNLAWFUL.**

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	JUDAH BOULET	5 WAKE ROBIN ROAD, UNIT 2101 LINCOLN, RI 02865 USA
DIRECTOR	JUDAH A BOULET	5 WAKE ROBIN ROAD UNIT 2101 LINCOLN, RI 02865 USA
DIRECTOR	MARIK FIERO	1896 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 USA
DIRECTOR	CRAIG QUISH	20 KENNEDY BLVD LINCOLN, RI 02865 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**

JUDAH BOULET 5 WAKE ROBIN ROAD UNIT 2101 LINCOLN , RI 02865

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

*Signed this 3 Day of February, 2025 at 2:03:39 PM 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 JUDAH BOULET  
Signature of Authorized Person

Form No. 631  
Revised 09/07