



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2024**

**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 FEB 25 PM 3:16:00

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>001707366</b>		2. Exact name of the Corporation <b>Friends of Lacrosse, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Raise, manage and expend funds for the benefit of the Lasalle Academy Lacrosse program</b>			
4. NAICS Code <b>611110</b>					
6. Principal Office Address <b>1 Magnum CT</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Thomas Caito</b>			Vice-President Name		
Street Address <b>241 Samuel Drive</b>			Street Address		
City <b>Whitinsville</b>	State <b>MA</b>	Zip <b>01588</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Kenneth Rosa</b>		
Street Address			Street Address <b>33 Congress Terrace</b>		
City	State	Zip	City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Thomas Caito</b>			Director Name <b>Kenneth Rosa</b>		
Street Address <b>241 Samuel Drive</b>			Street Address <b>33 Congress Terrace</b>		
City <b>Whitinsville</b>	State <b>MA</b>	Zip <b>01588</b>	City <b>Milford</b>	State <b>MA</b>	Zip <b>01757</b>
Director Name <b>Cody O'Donnell</b>			Director Name		
Street Address <b>1 Magnum Court</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	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>Kenneth Rosa</b>					Date <b>02/20/2025</b>
Signature of Officer/Authorized Representative <i>Kenneth Rosa</i>					

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)