



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 RHODES PSD
25 FEB 25 PM 3:16:00

STAMP

FOR
SECRETARY OF STATE
USE ONLY

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

MAIL TO:
Division of Business Services
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