



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 RIDOS BSD
25 JUN 18 AM 10:00:14

1. Entity ID Number 000103763		2. Exact name of the Corporation Lincoln Youth Soccer Association, INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This organization and promotion of youth soccer teams and the organization and promotion of a youth soccer league	
4. NAICS Code 624110			
6. Principal Office Address 69 Rockridge Rd.		City Lincoln	State RI
		Zip 02865	
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐			
President Name Christopher W Cutler		Vice-President Name	
Street Address 69 Rockridge Rd		Street Address	
City Lincoln	State RI	Zip 02865	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Jesse Edward Denson		Director Name Sergio Dacosta	
Street Address 47 Carriage Dr.		Street Address 5 Pat Drive	
City Lincoln	State RI	Zip 02865	
Director Name Christopher W. Cutler		Director Name	
Street Address 69 Rockridge Rd.		Street Address	
City Lincoln	State RI	Zip 02865	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Christopher W. Cutler			Date 6-18-25
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED 10:00 A

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631- Revised: 12/2023