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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.

1. Entity ID Number	2. Exact name of the Corporation
000103763	Lincoln Youth Soccer Association, INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: The 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	City	State	Zip
69 Rockridge Rd.	Lincoln	RI	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	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	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	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	Date
Christopher W. Cutler	6-18-25

Signature of Officer/Authorized Representative: Chris W Cutler

FILED 10:00 A
JUN 18 2025
BY 3FWJ1

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

FORM 631- Revised: 12/2023