



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2022 EB 24
 RI DEPT OF STATE
 BUSINESS DIV
 MAR 3 05

1. Entity ID Number 000276838		2. Exact name of the Corporation Providence Youth Lacrosse			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promoting the sport of lacrosse for boys and girls in a safe enviroment in the City of Providence and surrounding areas			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address c/o Jim Casey 44 Holly Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Jim Casey			Vice-President Name		
Street Address 44 Holly Street			Street Address		
City Providence	State RI	Zip 02906	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. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Kevin Lenihan			Director Name Gil McLean		
Street Address 60 Cathedral Avenue			Street Address 184 Upton Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
Director Name Julian Dash			Director Name		
Street Address 21 Autumn Street			Street Address		
City Providence	State RI	Zip 02905	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jim Casey				Date 2/20/2022	
Signature of Officer/Authorized Representative 					

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 RI DEPT OF STATE
 BUSINESS DIV

FILED

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BY A.A. 2:16PM