



**State of Rhode Island
Department of State - Business Services Division**

APR 11 2024 *[initials]*
169

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.

1. Entity ID Number 000276838	2. Exact name of the Corporation Providence Youth Lacrosse
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Promoting the sport of lacrosse for boys and girls in a safe environment in the City of Providence and surrounding areas
4. NAICS Code 624110	

6. Principal Office Address 44 Holly Street	City Providence	State RI	Zip 02906
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jim Casey			Vice-President Name None		
Street Address 44 Holly Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name None			Treasurer Name None		
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 <input type="checkbox"/>					
Director Name Kevin Lenihan			Director Name Jim Casey		
Street Address 60 Cathedral Avenue			Street Address 44 Holly Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Director Name Jimmy Black			Director Name None		
Street Address 325 Stillwater Road			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 Jim Casey	Date 4/8/2024
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Signature of Officer/Authorized Representative
[Handwritten Signature]

MAIL TO:
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