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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

RECEIVED
2014 MAR 25 AM 10:34
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation		
28491	CERCLE LAURIER, INC.		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	SOCIAL CLUB		
5. Principal office address	City	State	Zip
165 EAST SCHOOL ST.	WOONSOCKET	RI	02895

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒

President Name	Vice-President Name
ROLAND CAGNON	PAUL A. LUSSIER, JR
Street Address	Street Address
112 GRIFFIN ST.	453 SUMMER ST
City / State / Zip	City / State / Zip
PASCOAG / RI / 02859	WOONSOCKET / RI / 02895
Secretary Name	Treasurer Name
RICHARD CROTEAU	ARMAND E. BINETTE
Street Address	Street Address
182 NEWLAND AVE.	33 ST FRANCIS ST.
City / State / Zip	City / State / Zip
WOONSOCKET / RI / 02895	WOONSOCKET / RI / 02895

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒

Director Name	Director Name
ROLAND CAGNON	PAUL A. LUSSIER, JR
Street Address	Street Address
112 GRIFFIN ST.	453 SUMMER ST
City / State / Zip	City / State / Zip
PASCOAG / RI / 02859	WOONSOCKET / RI / 02895
Director Name	Director Name
RICHARD CROTEAU	ARMAND E. BINETTE
Street Address	Street Address
182 NEWLAND AVE	33 ST FRANCIS ST.
City / State / Zip	City / State / Zip
WOONSOCKET / RI. / 02895	WOONSOCKET / RI / 02895

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

10:35 AM
File Date _____ **FILED**
Check No _____ MAR 25 2014
By: _____
FOR SECRETARY OF STATE USE ONLY 220746 KM

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.

Armand E Binette 3-24-14
Signature of Officer Date

ARMAND E. BINETTE
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012
104904-5-902873

ID# 28491 Attachment

6. LIST **ALL** OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name
Street Address			Street Address
City	State	Zip	City
FINANCIAL SECRETARY MICHAEL BARROSO			Treasurer Name
Street Address 109 FARM ST			Street Address
City BLACKSTONE	State MA	Zip 01504	City

7. LIST **ALL** DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS **MUST** L
("X" BOX FOR ATTACHMENT) ☐

Director Name MICHAEL BARROSO			Director Name
Street Address 109 FARM ST.			Street Address
City BLACKSTONE	State MA	Zip 01504	City
Director Name			Director Name
Street Address			Street Address
City	State	Zip	City

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