



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000026280

2. Name of Corporation Laurel Grange #40 P of H.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813990

4. Corporate Address in Rhode Island

No. and Street: 347 SNAKE HILL ROAD
City or Town: SCITUATE State: RI Zip: 02857 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 427 SAW MILL RD
City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

COMMUNITY SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN S. LUSZCZ	369 SNAKE HILL ROAD GLOCESTER, RI 02857 USA
DIRECTOR	JOE MARANDOLA	649 DANIELSON PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	PAUL MAGLIONE	427 SAW MILL RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	MICHELLE MAGLIONE	427 SAW MILL RD NORTH SCITUATE, RI 02857 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN S. LUSZCZ 369 SNAKE HILL ROAD NORTH SCITUATE , RI 02857

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of May, 2018 at 8:18:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAUL MAGLIONE
Signature of Authorized Person

Form No. 631
Revised 09/07