



**State of Rhode Island  
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:** 2021

**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

**4. Principal Office Address**

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

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

COMMUNITY SERVICE

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN S. LUSZCZ	369 SNAKE HILL ROAD GLOCESTER, RI 02857 USA
TREASURER	PAUL MAGLIONE	427 SAW MILL ROAD NORTH SCITUATE, 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

**7. 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

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

**Signed this 9 Day of July, 2021 at 2:40:13 PM 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 JOHN S. LUSZCZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved