



**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



813990

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.

Title	Individual Name	Address
First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN S. LUSCZ	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. LUSCZ 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. LUSCZ
Signature of Authorized Person

Form No. 631
Revised 09/07