



State of Rhode Island
Department of State - Business Services Division

MAR 12 2024
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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 <u>000028491</u>		2. Exact name of the Corporation <u>Cercle Laurier, INC.</u>	
3. State of Incorporation <u>115 East RT.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social Club</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>1165 East School St.</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Paul J Roy</u>		Vice-President Name <u>Erik Morin</u>	
Street Address <u>2988 Diamond Hill Rd.</u>		Street Address <u>10 Little John Lane</u>	
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	
Secretary Name <u>Thomas Nichols</u>		Treasurer Name <u>ROGER J Lambert</u>	
Street Address <u>144 Newport Street</u>		Street Address <u>14 Orlean St.</u>	
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	
City <u>Johnston</u>		State <u>RI</u>	Zip <u>02819</u>
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		Director Name	
Street Address		Street Address	
City <u>SAME</u>	State	Zip	
City <u>SAME</u>		State	Zip
Director Name <u>AS ABOVE</u>		Director Name <u>AS ABOVE</u>	
Street Address		Street Address	
City	State	Zip	
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 <u>Roger J Lambert</u>			Date <u>2-24-24</u>
Signature of Officer/Authorized Representative <u>Roger J Lambert</u>			

MAIL TO:
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