



State of Rhode Island  
Department of State - Business Services Division

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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	
4. NAICS Code <u>813990</u>		<u>Social Club</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02893</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>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City <u>SAME</u>	State	City <u>SAME</u>	State
Zip		Zip	
Director Name <u>AS ABOVE</u>		Director Name <u>AS ABOVE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
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:  
Division of Business Services  
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Website: www.sos.n.gov