RI SOS Filing Number: 202450743230 Date: 4/10/2024 4:00:00 PM

Section 1	

State of Rhode Island

partment of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period. February 1 - May 1

→ Filing Fee \$20 00

FILED
APR 10 2024 BY 1828

→ Penalty: Additional \$25 00 fee if	form is not filed by	May 31.			<u> </u>			
1. Entity ID Number 000026284	2. Exact name of the Corporation LAUREL HILL ATHLETIC & SOCIAL CLUB							
3. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island A social club.							
4. NAICS Code 813910					100			
6. Principal Office Address 49 Governor Street			City Cranston	State RI	Zip 02920			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
Pres dent Name Kevin L. Nardolillo			Vice-President Name Jeam Rekrut					
Street Address 23 Phenix Avenue			Street Address 305 Farmington Avenue					
City Cranston	State RI	^{Z_{ip}} 02920	City Cranston	State RI	Z _{ID} 02920			
Secretary Name John Rouleau, Jr.			Treasurer Name William Lynch					
Street Address 51 Governor Street			Street Address 2 Jacqueline Drive					
^{City} Cranston	State RI	^{Zip} 02920	City Providence	State RI	^{Zip} 02909			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Kevin L. Nardolillo			Director Name William Lynch					
Street Address 23 Phenix Avenue			Street Address 2 Jacqueline Drive					
City Cranston	State RI	^{Zıp} 02920	City Providence	State RI	^{Zip} 02909			
Director Name Edward Manni			Director Name None					
Street Address 120 Salem Avenue			Street Address					
^{City} Cranston	State RI	^{Zip} 02920	City	State	Zıp			
9. The Registered Agent information	n of record with th	e 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 Kevin L. Nardolillo					Date 4/3/24			
Signature of Officer/Authorized Representative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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