



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

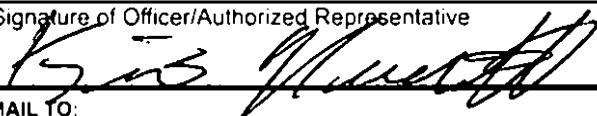
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 10 2024

BY 1838
DS

1. Entity ID Number 000026284		2. Exact name of the Corporation LAUREL HILL ATHLETIC & SOCIAL CLUB			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A social club.			
4. NAICS Code 813910					
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 <input type="checkbox"/>					
President Name Kevin L. Nardolillo		Vice-President Name Jeam Rekrut			
Street Address 23 Phenix Avenue		Street Address 305 Farmington Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 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 <input type="checkbox"/>					
Director Name Kevin L. Nardolillo		Director Name William Lynch			
Street Address 23 Phenix Avenue		Street Address 2 Jacqueline Drive			
City Cranston	State RI	Zip 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	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Kevin L. Nardolillo				Date 4/3/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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