RI SOS Filing Number: 202457893640 Date: 7/12/2024 1:05:00 PM

State of Rhode Island

Department of State - Business Services Division

2024 JUL 12 PM 1:05

Annual Report for the year: 2024 - AMENDED **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 000026284	2. Exact name of the Corporation LAUREL HILL ATHLETIC & SOCIAL CLUB				
State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island A social club				
4. NAICS Code 813910					
6. Principal Office Address			City	State	Zip
49 Governor Street			Cranston	RI	02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Kevin L. Nardolillo			Vice-President Name Joseph Madonna		
Street Address 23 Phenix Avenue			Street Address 3 Elloson Street		
City Cranston	State RI	^{Zıp} 02920	^{City} Cranston	State RI	Z _{IP} 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	^{∠₀} 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	^{Zip} 02920	City Providence	State RI	^{Z_{IP}} 02909
Director Name Edward Manni			Director Name John Lynch		
Street Address 120 Salem Street			Street Address 4 Fairfield Court		
City Cranston	State RI	^{Ζιρ} 02920	^{City} Johnston	State RI	راب 02919
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 Kevin L. Nardolillo				Date July 10, 2024	
Signature of Officer/Authorized Representative FILED					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.scs.ri.gov JUL 1 2 2024

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FORM 631- Revised (12.7023)

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 12, 2024 01:05 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

