



State of Rhode Island
Department of State - Business Services Division

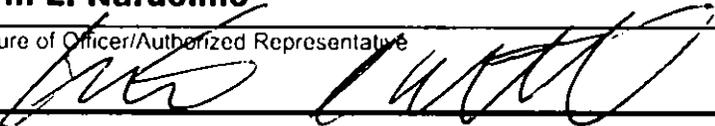
Annual Report for the year: 2024 - AMENDED

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2024 JUL 12 PM 1:05

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 Joseph Madonna		
Street Address 23 Phenix Avenue			Street Address 3 Elloson Street		
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 John Lynch		
Street Address 120 Salem Street			Street Address 4 Fairfield Court		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 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.					
<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 Kevin L. Nardolillo					Date July 10, 2024
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.scs.ri.gov

JUL 12 2024

BY AR

105