



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 521776		2. Exact name of the Corporation LYRASIS			
3. State of Incorporation PA		4. Brief description of the character of business conducted in Rhode Island reseller of library products + services			
5. Principal office address 1438 West Peachtree St., NW # 200		City Atlanta	State GA	Zip 30309	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kate Nevins		Vice-President Name Vern Ritter			
Street Address 1438 West Peachtree St., NW # 200		Street Address 1438 West Peachtree St., NW # 200			
City Atlanta	State GA	Zip 30309	City Atlanta	State GA	Zip 30309
Secretary Name N/A		Treasurer Name John McGarl			
Street Address N/A		Street Address 1438 West Peachtree St., NW # 200			
City 	State 	Zip 	City Atlanta	State GA	Zip 30309
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Elizabeth Hammond		Director Name Erika Lynke			
Street Address Moreck University		Street Address 5000 Forbes Avenue			
City Macon	State GA	Zip 31207	City Pittsburgh	State PA	Zip 15213
Director Name Kendall Wiggins		Director Name 			
Street Address 231 Capitol Avenue		Street Address 			
City Hartford	State CT	Zip 06106	City 	State 	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

2012 MAY 29 11:53 AM
 SECRETARY OF STATE
 CORPORATION DIVISION

FILED

MAY 29 2012

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

171466 3:33

John McGarl
 John McGarl

5.22.12

Controller