

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 $-\frac{\partial O}{\partial t}$

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.

Filing Fee: \$20.00 • FAII	ORE TO FILE IT	HIS KEPORT BY J	ULY 30 WILL RESU	LI IN A \$25.00	PENALIYE	EE.	
1. Entity ID No.	2. Exact name of	the Corporation					
521776	LYRI	4513					
3. State of Incorporation			usiness conducted in R				
PA .	reselle	r of libr	rary prod	ucts +	Servic	.es	
5. Principal office address 1438 West Reach			City Atlanto		State GA	Zip 30309	ĵ
6 LIST ALL-OFFICERS (NAME	S AND ADDRESS	S) ("X" BOX FOR A					
President Name Kute Nevins			Vice-President Name	ter			
Street Address 1438 West Peach	tee St., NU	N #200	Street Address	Peachtr	ee 51.11		
Atlanta	State GA	Zip 30309	CityAtlanta		GA A	Zip 30 309)
Secretary Name	•		Treasurer Name	Garl	•		
Street Address			Street Address 1428 Mark Deachtree St. Nw #200				
City	State	Zip	City Atlanta	•	State A	Zip 3030°	ร
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMEN		SES). RHODE ISLANI	D CORPORATIONS M	UST LIST NO L		IREE (3) DIRE	CTORS
Director Name Elizabeth Hammond			Director Name Erika Lir	ske			2.36-2
Street Address Wercer Univers	1	·	Street Address	, Avenu	2		
City Macon	State	Zip 31207	CityPittsburgh	`	StPA	zip 152	13
hendall Wignin			Director Name		1		
Street Address 23 Capital Ne	nue		Street Address			2012	00 238
City fart ford	State	Zip 06/06	City		State	Zip -	38
8 REGISTERED AGENT IN REC	DE ISLAND						
This information is currently of	record in the Offic	ce of the Secretary o	f State. Changes requ	ire filing Form 6	41.		
This report must be si	gned by either the F	President, Vice-Preside	ent, Secretary, Assistan	t Secretary, Trea	surer, Receive	r or Truetce	29
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			Under penalty of this report, include				
File Date			and that all states			ue and correc	t.
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By:		171464 3	Signature of Office	m'G-	1	Dat	. U
TUR SEVERIANT OF SIATE			Print or Type Name				
Form No. 631			Contr	llev			
Revised: 05/2012			Title of Officer				