

A. Ralph Mollis, Secretary of State

Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

penalty fee of \$25.00.								
1. Corporate ID No. UNIV								
3. State "Incorporation	4. Corporate address in Rhode Island - Street Address City Zip							
RI	20 Main St. P.U. Box 950			Slatersville	02876			
5. Foreign corporation. Enter prin	icipal office address	,	City	State	Zip			
l n	1a							
6. Brief Description of the character				1.4				
Fundraising and community program support for public library								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name			Vice President Name					
Jennifer Medeiros			Sharm Coulnoyer					
Street Address 117 Black Plain Rd.			89 Fairview Avt.					
No. Smithfield	State [2]	02896	No. Sm. thheld	State R1	D7896			
Secretary Same Journe Peterson		Catherine Hall						
Strandinso Pernena St.			street Address 1445 Providence Pike					
No Smithfield	State R 1	02896	No. Smith Field	· ·	02896			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23								
Carol Brower			Director Name Lynn O'Donnell					
20 Main St, P.U. Box 950			street Address 52 Pilming St.					
Slatersuille	State R 1	02896	No. Smithfield	RI	02896			
Director rame Kathy Hawes		Director Name						
Street Address 20 Mgin St. P. O. Box 950			Street Address					
Slatersville	State R	02876	City	State	Zip			
9. REGISTERED AGENT IN RHODE ISLAND								
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78								
This separat must be signed by either the President Vice President Constant Secretary Treasures President Secretary Treasures								

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

File Date	ūΖ	report, including any accompanying schedules and statements contained herein are true and correct. Signature of Officer Catherne R. Hall Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY		Treasurer Title of Officer	Form 631 Rev. 09/17