

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2010 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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.			,			
1. Corporate ID No.	2. Name of Corp	oration				
26249	Langworthy	Langworthy Public Library				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
Rhode Island	24 Spring S	Street		Hope Valley	02832	
5. Foreign corporation. Enter principal office address			City:	State	Zip	
		ch are actually conducted in Rh	bode Island			
operate and maintain	public library servic	es				
7. NAMES AND ADDR	ESSES OF THE OFI	FICERS: ("X" BOX FOR A	TTACHMENT)	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Michelle Walker			Gabriella Harrington			
Street Address			Street Address			
39A Berrie Lane			4 Harrington's Way			
City	State	Zip	Git _i r	State	Zip	
Rockville	RI	02873	Hope Valley	RI	02832	
Secretary Name			Treasurer Name			
Carolyn S. Richard		<u></u>	Diane Lang	***		
Street Address			Street Address 5 Garnet Lane			
121 Shannock Hill Rd (PO Bx 8) City State Zip			City State Zip			
Channals	RI	02875	Hope Valley	RI	02832	
Shannock			ATTACHMENT) FILL IN SPA	•	•	
			ND) CORPORATION SHALL			
Director Name	azerono or a zo		Director Name			
Michelle Walker			Gabriella Harrington			
Street Address			Street Address			
39A Berrie Lane			4 Harrington's Way			
City:	State	Zip	City	State	Zip	
Hope Valley	RI	02832	Hope Valley	RI	02832	
Director Name			Director Name			
Carolyn S. Richard			Donna Bodell			
Street Address			Street Address			
121 Shannock Hill F	Rd (PO Bx 8)		172 Woodville Rd			
City	State -	Zip	City	State	Zip	
Shannock	RI	02875	Hope Valley	RI	02832	
9. REGISTERED AGE	NT IN RHODE ISLA	UND				
			of State. Changes require filing			
This repor	t must be signed by	either the President, Vic	ce President, Secretary, Assista	int Secretary, Treasurer, Re	ceiver or Trustee	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
tatorients contained here and true and correct.
Signature of Officer Carolyn S. Richard Print or Type Name of Officer
Secretary Title of Officer Form 631 Rev. 09/17

Corporate ID No. 26249 Langworthy Public Library

Directors (2010) Continued:

Linda DiOrio 264 Woodville Rd Ashaway, RI 02804

Robin Devin 1054 Main St Hope Valley, RI 02832

Laurene Sorensen 67 Canonchet Rd Hope Valley, RI 02832

FILED
NOV 23 2010
BY 2102249