



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2011**

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. <b>68470</b>		2. Name of Corporation <b>Cooperating Libraries Automated Network DBA Ocean State Libraries</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>The Summit South 300 Centerville Road Suite 103</b>		City <b>Warwick</b>	Zip <b>02886</b>
5. Foreign corporation. Enter principal office address				City	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Christopher LaRoux</b>			Vice President Name <b>Leslie MCDonough</b>		
Street Address <b>573 Putnam Pke</b>			Street Address <b>606 West Greenville Road</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Paula DiBiase</b>			Trustee Name <b>Shirley Long</b>		
Street Address <b>374 North Road</b>			Street Address <b>1057 Kingstown Road</b>		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Peacedale</b>	State <b>RI</b>	Zip <b>02873</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 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					
Director Name <b>David Macksam</b>			Director Name <b>Patti Arkwright</b>		
Street Address <b>140 Sockanosset Cross Road</b>			Street Address <b>35 Kingstown Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Director Name <b>Kristen Chin</b>			Director Name <b>Patricia Redfearn</b>		
Street Address <b>184 Howard Hill Road</b>			Street Address <b>530 Main Street</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
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 report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**68470**

<b>FILED</b>	
File Date	<b>JUN 07 2011</b>
Check No.	<b>8711</b>
By	<b>BY</b>
FOR SECRETARY OF STATE USE ONLY	

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.

*Shirley Long*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**Shirley Long**  
Print or Type Name of Officer  
**Treasurer**  
Title of Officer

