

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.							
Corporate ID No. 7 PANSTON Public library ASSOCIATION							
3. State of Incorporation	4. Corporate address in Ri	hode Island - Street Address	CROSS	ROAM	CRAN'STEN'	Zip 029,20	
5. Foreign corporation. Enter principal office address			City		State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE 34 Apport For the lubble library system of the City of							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name MAUREEN C. Greques			Vice President Name NICh Ael H Eclelhorg				
Street Address 8,5 BLACKANIONE ANE.			Street Address PAIN'S AVE				
C. PANS for	State RI	21p O2 91 C	City	Ston	State R. I	24 C25/C	
Secretary Name Anogola M. Byce,			Treasurer Name JOHN' F. CORY				
street Address 74 CSSCIVATORY AVE.			Street Address 91 6000 AVE				
N, PROVIDENCE	State RI	C29//	CA AN	STON	State R.I	24 02405	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL 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 OA'10 11', MACKSAM			MAUREON C. GREAVES				
28 High EAte R.D			Street Address BLACKAMURE AVE				
CHAN'S TON	State A I	Z14 62420	CRAWS,		State F	00910	
MICHAEL H. GOLD SERG			Diregor Name ANGOLA M. BUCCi				
Street Address PAINE AVE			14 05501VAFORY AVE				
CPANSFON	State RI	Z402910	W. Ple	WIDENCE	State	029/	
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 Transport President Secretary							

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver 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
FILED File Date	statements contained herein are true and correct.
Check No. JUL 0 7 2011	Signature of Officer Date
By: BY 50/	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17

CPLA BOARD OF DIRECTORS CONT.

JOHN F. CORY 9/ 6/EN ADE CRANSTON, RI 02805

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BY ID 5-46907