



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.

1. Entity ID No. 27079		2. Exact name of the Corporation Barrington Public Library Corporation			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 281 County Road		City Barrington	Zip 02806
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Library					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent Wicker			Vice-President Name Cindy Kaplan		
Street Address 31 Broadview Drive			Street Address 5 Karen Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Daniel O'Mahony			Treasurer Name Stephen Palmer		
Street Address 124 Rogers Avenue			Street Address 2 Pierce Court		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Judith Ryan			Director Name Laura Young		
Street Address 124 Shore Drive			Street Address 14 Manor Drive		
City Barrington	State RI	Zip 02806	City Barrington	State ri	Zip 02806
Director Name Joseph Schall			Director Name		
Street Address 9 Driscoll Lane			Street Address		
City Barrington	State RI	Zip 02806	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 Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 21 2012

By mmc

CR # 374

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.

Signature of Officer

May 17, 2012
Date

Print or Type Name of Officer

Vincent Wicker
Chairman

Title of Officer