



**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/business

**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.  26651		2. Exact name of the Corporation  East Smithfield Public Library			
3. State of Incorporation  Rhode Island		4. Brief description of the character of business conducted in Rhode Island  Services of a public library.			
5. Principal office address  50 Esmond Street			City  Smithfield	State  R.I.	Zip  02917
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name  Kathleen M. Walsh			Vice-President Name  Michael Hatcher		
Street Address  9 Oliver Street			Street Address  7 Elizabeth Avenue		
City  Smithfield,	State  R.I.	Zip  02917	City  Smithfield	State  R.I.	Zip  02917
Secretary Name  Luigia Solda			Treasurer Name  Paula M. Blackmore		
Street Address  3 Lori Ellen Drive			Street Address  223 Old County Road		
City  Smithfield,	State  R.I.	Zip  02917	City  Smithfield	State  R.I.	Zip  02917
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name  Celine Bell			Director Name  Frederick Bushee		
Street Address  54 Smith Avenue			Street Address  44 Lakeside Drive		
City  Greenville	State  R.I.	Zip  02828	City  Smithfield	State  R.I.	Zip  02917
Director Name  Carol A. Derosier			Director Name  Sheri Viera		
Street Address  15 Homestead Street			Street Address  212 Farnum Pike		
City  Smithfield	State  R.I.	Zip  02917	City  Smithfield	State  R.I.	Zip  02917
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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*

**FILED**

**JUN 18 2012**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**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.

By MME  
CR # 020038

Paula M Blackmore 6/16/12  
 Signature of Officer Date

Paula M. Blackmore

Print or Type Name of Officer

Treasurer

Title of Officer