



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000145979

2. Name of Corporation NORTH SMITHFIELD PUBLIC LIBRARY ENDOWMENT FUND, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 20 MAIN STREET, PO BOX 950

City or Town: SLATERSVILLE

State: RI Zip: 02876 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CREATE A SINGLE TRUST FOR THE FURTHERANCE OF THE PURPOSES OR THE
OBJECT OF ANY CHARITABLE, EDUCATIONAL OR OTHER PURPOSE, OBJECT,
MOVEMENT OR INSTITUTION APPROVED BY THE BOARD OF DIRECTORS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MARY WEST	15 FOREST HILL DR. NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	SUSAN DUBOIS	588 REYNOLDS RD. CHEPACHET, RI 02814 USA
DIRECTOR	ALISON PIERCE	65 GREAT RD. NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	PAUL DUPUIS	86 TAYLOR DR. NORTH SMITHFIELD, RI 02896 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ARAM P. JARRET, JR. ESQ. 176 EDDIE DOWLING HIGHWAY NORTH SMITHFIELD , RI 02896-

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

Signed this 27 Day of June, 2012 at 11:04:51 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALISON PIERCE
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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