



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. <u>13954</u>		2. Exact name of the Corporation <u>Friends of the Harmony Library</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To support activities of the Harmony Library</u>			
5. Principal office address <u>c/o Diane Bartlett</u>		<u>207 Putnam Pike</u>	City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>
President Name <u>Ramona LeBlanc</u>			Vice-President Name <u>Diane Bartlett</u>		
Street Address <u>44 Shaw Dr</u>			Street Address <u>207 Putnam Pike</u>		
City <u>W Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>
Secretary Name <u>Diane Bartlett</u>			Treasurer Name <u>Ramona LeBlanc</u>		
Street Address <u>207 Putnam Pike</u>			Street Address <u>44 Shaw Dr</u>		
City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>	City <u>W Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name <u>Ramona LeBlanc</u>			Director Name <u>Diane Bartlett</u>		
Street Address <u>44 Shaw Dr</u>			Street Address <u>207 Putnam Pike</u>		
City <u>W Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>
Director Name <u>Jan Wunderlich</u>			Director Name <u>Patricia Inman</u>		
Street Address <u>PO Box 165</u>			Street Address <u>185 Vernon Dr</u>		
City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>	City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>

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

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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] 7-10-12
 Signature of Officer Date

Ramona LeBlanc
 Print or Type Name of Officer

President
 Title of Officer