



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

2012

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 27704		2. Exact name of the Corporation Friends of the East Providence Library			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Support and advocate for the East Providence Public Library			
5. Principal office address 41 Grove Avenue			City East Providence	State RI	Zip 02916
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RoseMarie Sirenski			Vice-President Name Marcia Gerstein		
Street Address 163 Anthony St			Street Address 12 Rhodes Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02915
Secretary Name Lynn Akin			Treasurer Name Eunice Tuckerman		
Street Address 182 Terrace Avenue			Street Address 14 Hillside Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02914
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"/>					
Director Name Kathy Dias			Director Name Karen Boulanger		
Street Address 49 Byron Ave			Street Address 6 Booth Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Director Name John Boucher			Director Name		
Street Address 70 Eighth Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
8. 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

FILED

JUL 17 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.

Rose Marie Sirenski 7-14-12
 Signature of Officer Date

ROSE MARIE SIRENSKI

Print or Type Name of Officer

PRESIDENT

Title of Officer