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. 745857	2. Exact name of the Corporation **Central Falls Public Library**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Public library and reading room.**

5. Principal office address	City	State	Zip
205 Central Street	**Central Falls**	**RI**	**02863**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Bruce A. Kaplan			**Joshua Giraldo**		
Street Address **205 Central Street**			Street Address **205 Central Street**		
City **Central Falls**	State **RI**	Zip **02863**	City **Central Falls**	State **RI**	Zip **02863**
Secretary Name **Stephen Larrick**			Treasurer Name **Ann D. Racquier**		
Street Address **205 Central Street**			Street Address **205 Central Street**		
City **Central Falls**	State **RI**	Zip **02863**	City **Central Falls**	State **RI**	Zip **02863**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Dr. Frances Gallo			**Jeff Roy**		
Street Address **205 Central Street**			Street Address **205 Central Street**		
City **Central Falls**	State **RI**	Zip **02863**	City **Central Falls**	State **RI**	Zip **02863**
Director Name **Janice Argentieri**			Director Name **John Garvey**		
Street Address **205 Central Street**			Street Address **205 Central Street**		
City **Central Falls**	State **RI**	Zip **02863**	City **Central Falls**	State **RI**	Zip **02863**

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
NOV 26 2012

File Date _____ **By** mnc

Check No Ck# 1180

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.

Signature of Officer Date

Bruce A. Kaplan
Print or Type Name of Officer

President of the Board
Title of Officer

Form No. 631
Revised: 05/2012
83706-1-771710