



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 **2013**

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. 26175		2. Exact name of the Corporation Harmony Library			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Harmony Library provides free and equal access to informational, cultural, and recreational materials			
5. Principal office address 195 Putnam Pike			City Harmony	State RI	Zip 02829
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Kathleen Roseen			Vice-President Name David Calderara		
Street Address 15 Briarwood Rd.			Street Address 706 Chopmist Hill Rd		
City N. Scituate	State RI	Zip 02857	City N. scituate	State RI	Zip 02857
Secretary Name Helen Stone			Treasurer Name Carol Kut		
Street Address 9 Saw Mill Rd			Street Address 83 Long Entry Rd		
City Harmony	State RI	Zip 02829	City Chepachet	State RI	Zip 02814
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 Lisa Carter			Director Name Lauren Hall		
Street Address 7 Salisbury Rd			Street Address 23 Pound Rd		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Lorna Lyons			Director Name		
Street Address 201 Anan Wade Rd			Street Address		
City Harmony	State RI	Zip 028299	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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 13 2013

BY 7827

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.

Kathleen Roseen May 8, 2013
 Signature of Officer Date

Kathleen Roseen
 Print or Type Name of Officer

President
 Title of Officer