



**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. <b>26175</b>		2. Exact name of the Corporation <b>Harmony Library</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Harmony Library provides free and equal access to informational, cultural, and recreational materials</b>			
5. Principal office address <b>195 Putnam Pike</b>		City <b>Harmony</b>		State <b>RI</b>	Zip <b>02829</b>
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Kathleen Roseen</b>		Vice-President Name <b>David Calderara</b>			
Street Address <b>15 Briarwood Rd.</b>		Street Address <b>706 Chopmist Hill Rd</b>			
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>N. scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Helen Stone</b>		Treasurer Name <b>Carol Kut</b>			
Street Address <b>9 Saw Mill Rd</b>		Street Address <b>83 Long Entry Rd</b>			
City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
<b>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"/></b>					
Director Name <b>Lisa Carter</b>		Director Name <b>Lauren Hall</b>			
Street Address <b>7 Salisbury Rd</b>		Street Address <b>23 Pound Rd</b>			
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>Lorna Lyons</b>		Director Name			
Street Address <b>201 Anan Wade Rd</b>		Street Address			
City <b>Harmony</b>	State <b>RI</b>	Zip <b>028299</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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*  
Signature of Officer

*May 8, 2013*  
Date

*Kathleen Roseen*  
Print or Type Name of Officer

*President*  
Title of Officer