



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. 27699		2. Exact name of the Corporation Friends of the Cumberland Public Library			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To raise funds to support the operating budget of the Cumberland Public Library.			
5. Principal office address 1464 Diamond Hill Road		City Cumberland	State RI	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nancy Chaput			Vice-President Name Elaine Elliott		
Street Address 46 High Ridge Road			Street Address 19 Will Croft		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Beatrice Ferguson			Treasurer Name Sally Wilbour		
Street Address 111 McGirr Street			Street Address 34 Nancy Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Elsie Bessette			Director Name Paula Coogan		
Street Address 45 Weeks Street			Street Address 80 Fisher Road #40		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Dee Ferrara			Director Name Terri Hale		
Street Address 15 Waterman Farm Road			Street Address 130 Bear Hill Road #204		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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

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.

Nancy Chaput 5/1/13
 Signature of Officer Date

NANCY CHAPUT
 Print or Type Name of Officer

PRESIDENT
 Title of Officer

FILED

MAY 22 2013

BY 1200

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Friends of the Cumberland Public Library

Corporate ID No. 27699

ATTACHMENT

ATTACHMENT

ATTACHMENT

8. Names and Addresses of the Directors:

Director Name: Beverly Lachut
Street Address: 47 Raymond Drive
City: Cumberland State: RI Zip: 02864

Director Name: Kathy Katchpole
Street Address: 85 Hadde Avenue
City: Cumberland State: RI Zip: 02864

Director Name: Robert Mahoney
Street Address: 15 Dulles Street
City: Cumberland State: RI Zip: 02864

Director Name: Len Myers
Street Address: 6 Fenner Grant Lane
City: Cumberland State: RI Zip: 02864

Director Name: Cecile Viens
Street Address: 7 Holiday Ct.
City: Lincoln State: RI Zip: 02865

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MAY 22 2013

BY ED 27699