



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. 26053		2. Exact name of the Corporation George Hail Free Public Library			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Public Library			
5. Principal office address 530 Main St.		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name John F. Millard, Ph.D.			Vice-President Name John Chaney		
Street Address 15 Greene St			Street Address 172 Water St		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name David McCarthy			Treasurer Name Anthony Rego		
Street Address 17 Milwaukee Ave			Street Address c/o BankNewport 323 Market St		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 Jane Harrison			Director Name Harriet Lappointe		
Street Address 14 Chace Avenue			Street Address PO 287		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Joyce Katzberg			Director Name PAula Rooks		
Street Address 40 Church St			Street Address 2 Calder Dr		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 22 2013

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

JOHN F. MILLARD

Print or Type Name of Officer

PRESIDENT

Title of Officer

5/21/13
Date

By mnc
CR # 4172

The George Hail Library

530 Main Street Warren, RI 02885
(401) 245-7686 Fax/TTY: (401) 245-7470
www.georgehail.org



E. Patricia Redfearn
Library Director
epatricrn@yahoo.com

The following is also on the Board of Directors

Thomas Wright, Esq
572 Main St
Warren, RI 02885

FILED

MAY 22 2013

By *mnc*
ID # 26053