



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. 30585		2. Exact name of the Corporation Union Public Library	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintenance of building and grounds of library Principal fundraiser - annual book sale	
5. Principal office address 3832 Main Road		City Tiverton	State RI
		Zip 02878	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Gayle Lawrence		Vice-President Name Lois Kane	
Street Address 108 Long Pasture Way		Street Address 38 Bonniefield Drive	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Secretary Name Jane Eyler		Treasurer Name Raymond Lundgren	
Street Address 190 Stoney Hollow Road		Street Address 531 Punkateest Neck Rd	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
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 Nancy Poutray		Director Name Barbara Martin	
Street Address 124 Long Pasture Way		Street Address 313 Neck Rd	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Director Name Nancy Lundgren		Director Name Kay Hughes	
Street Address 531 Punkateest Neck Rd		Street Address 244 Nannaguaket Rd	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
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 _____

FILED

Check No. _____

By: _____

MAY 30 2013

FOR SECRETARY OF STATE USE ONLY

BY **348**

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

Gayle Lawrence 5/29/2013

Print or Type Name of Officer

President

Title of Officer