

1. Entity ID No.

30585

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25,00 PENALTY FEE.

Union Public Library

o. otate of incorporation			L ' () .	١.,	\sim .
Rhode Island			building and gr		of library
-	MINCH	pai tuna	raiser - annue	M BOC	SK JAIC
5. Principal office address . 3832 Main	Road		City	State	Zip 02878
S. LIST <u>ALL</u> OFFICERS (NAME		ESI ("X" BOX FOR A			
President Name			Vice-President Name		
Gayle Lawrence			Lois Kane		
Street Address			Street Address		
108 Long Pasture Way			38 Bonniefield Drive		
City	State	Zip	City .	State	IZip
Tiverton	IRI	02878	Tiveston	RT	02878
Secretary Name	<u> </u>	1 -0 10	Treasurer Name		102010
Jane Eu	ler		Raymond	Luna	daven
Street Address	, ,	B.B	Street Address		
190 Stone	ollot lu	ow Road	531 Dinka	teest	Neck Rd
City	State	Zip	City	State	Zip
Tiverton	1 KT	02878	Tiverton	RI	02978
	ES AND ADDRES		D CORPORATIONS MUST LIST NO	TEGE THAN T	UPEE (N DIDECTORS
("X" BOX FOR ATTACHMENT	ŋ 🗆				THE TO DESCRIPTION
Director Name	<u></u>	<u></u>	Director Name		<u> </u>
Nancy Poutray			Barbara Martin		
Street Address			Street Address (
124 Long F	asture.	Nay	313 Neck	- Kd	
City	State	Zip	City	State	Zip
Tiverton	13I	02878	Tiverton	1RT	02878
Director Name			Director Name		
Nancy Lundaren			Kay Hughes		
Street Address			Street Address		
531 Punkateest Neck Rd			244 Nannaguaket Rd		
City	State	Zip	City	U State	Zip
liverton	1 KT	02878	Tivecton	LKT,	02878
B. REGISTERED AGENT IN RHO	DE ISLAND				
This information is currently of	record in the Office	ce of the Secretary of	f State. Changes require filing Fori	n 641.	
This report must be sig	gned by either the I	President, Vice-Preside	ent, Secretary, Assistant Secretary, Tr	reasurer, Receive	er or Trustee
			-	•	
	4		Under penalty of perjury, I dec	lare and affirm t	that I have evenined
File Date			this report, including any acco	mpanying sche	dules and statements.
		FILED	and that all statements contain	ned herein are ti	rue and correct.
Check No			(Saids 7	audreni	ce, 5/291
en de la	vija voji v	MAY 3 0 2013	Signature of Officer	-30) WK	Date
		HILL A A MAIA	\sim \sim \sim \sim	wrenc	
FOR SECRETARY OF STATE I	USE ONLY	5/18	=	WI 410	<u> </u>
	BY	240	Print or Type Mame of Officer	ì	
orm No. 631			President	T	
evised: 05/2012			Title of Officer		