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.	2. Exact name of the Corporation
000139900	Friends of the Peace Dale Library

3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To maintain an assocaition of people willing to promote and further the goals of the Peace Dale Library.

5. Principal office address	City	State	Zip
1057 Kingstown Rd	Peace Dale	RI	02879

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Lynn House			James Lawrence		
Street Address			Street Address		
6 Spindrift Road			224 Mulberry Drive		
City	State	Zip	City	State	Zip
Narragansett	Ri	02882	Wakefield	RI	02879
Secretary Name			Treasurer Name		
Cate Hewitt			Connie Beauregard		
Street Address			Street Address		
33 Dawn Court			222 Sweet Allen Farm Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Catherine King			Sigrid Hewitt		
Street Address			Street Address		
3 Rocky Road			33 Dawn Court		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Director Name			Director Name		
Jean Borchardt			Darla O'Keefe		
Street Address			Street Address		
54 Shadow Farm Way Unit 54			53 Hemlock Ave		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Cranston	RI	02910

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

FILED

File Date JUN 21 2013
Check No
By: By mnc
FOR SECRETARY OF STATE USE ONLY CR# 587

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.

Lynn House 6/19/13
Signature of Officer Date

Lynn House
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
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