



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. 28361		2. Exact name of the Corporation Memorial and Library Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Library and Park			
5. Principal office address 44 Broad Street		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Robert J. Arsenault			Vice-President Name Richard W. Constantine		
Street Address 12 Park Avenue			Street Address 35 Knowles Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Robert J. Malley			Treasurer Name Stephen McAllister		
Street Address 322 Shore Road			Street Address 12 Cove Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Erin Call			Director Name Alison G. Cameron, MD		
Street Address 44 Cross Street			Street Address 2 Sequan Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Ferdinand Engel			Director Name Mary M. Goodman		
Street Address 62 Meadow Road			Street Address 69 Noyes Neck Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 _____ **JUL 03 2013**

Check No _____

By: _____ **By [Signature]**

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DD #12537

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] _____ **6/26/13**
 Signature of Officer Date

Robert J. Arsenault
 Print or Type Name of Officer
President
 Title of Officer

Memorial and Library Association

44 Broad Street

Westerly, RI 02891

Corporate ID No. 28361

Caswell Cooke, Jr.
P O Box 272
Westerly, RI 02891

Robert J. Holland
201 North Anguilla Road
Pawcatuck, CT 06379

Glee A. McAnanly
52 High Ridge Drive
Pawcatuck, CT 06379

William F. Meyer
1 Neptune Avenue
Charlestown, RI 02813

Susan H. Ogle
36 Highland Road
Charlestown, RI 02813

Justin J. Stevenson III
11 Ninigret Avenue
Westerly, RI 02891

Olive P. Tamm
186 Jerry Browne Road, Unit 6411
Mystic, CT 06355

Beth Tillman
925 River Road
Mystic, CT 06355

Christopher G. Wallace
Professional Planning Group
9 Granite Street
Westerly, RI 02891

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JUL 03 2013

By *MAC*

LD # 28361