



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.

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2013 SEP 16 AM 11:09

1. Entity ID No. <b>27552</b>		2. Exact name of the Corporation <b>The Board of Trustees of the Adams Library</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Preservation and maintenance of public library complex.</b>			
5. Principal office address <b>205 Central Street</b>		City <b>Central Falls</b>		State <b>RI</b>	Zip <b>02863</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Gayle A. Corrigan</b>		Vice-President Name <b>Jerauld Adams</b>			
Street Address <b>205 Central Street</b>		Street Address <b>205 Central Street</b>			
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>Albert Ramonowicz</b>		Treasurer Name <b>Gayle A. Corrigan</b>			
Street Address <b>205 Central Street</b>		Street Address <b>205 Central Street</b>			
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
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 <b>SAME AS ABOVE</b>		Director Name <b>SAME AS ABOVE</b>			
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>			
City <b>SAME AS ABOVE</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>SAME AS ABOVE</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>SAME AS ABOVE</b>		Director Name <b>SAME AS ABOVE</b>			
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>			
City <b>SAME AS ABOVE</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>SAME AS ABOVE</b>	State <b>RI</b>	Zip <b>02863</b>
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.					

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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**

**SEP 16 2013**

By **49-205901**

**A. A. 11:09 A.M.**

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 **Gayle A. Corrigan** Date **07/03/2013**  
Print or Type Name of Officer  
**President**  
Title of Officer