



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

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SEP 16 2013

By 49-20590

A. A. 11:09A.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: [Signature] Date: 07/03/2013
 Print or Type Name of Officer: Gayle A. Corrigan
 Title of Officer: President