



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. <u>45246</u>		2. Exact name of the Corporation <u>John Russell Bartlett Society</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Bibliophilic Society</u>	
5. Principal office address <u>Box 1894 Brown University</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02912</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Jordan Goffin</u>		Vice-President Name <u>Holly Snyder</u>	
Street Address <u>17 Huntington Ave</u>		Street Address <u>Box A John Hay Lib., Brown Univ.</u>	
City <u>Sharon</u>	State <u>MA</u>	Zip <u>02047</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02912</u>	
Secretary Name <u>Kimberly Nasco</u>		Treasurer Name <u>Pamela A. Rakowski</u>	
Street Address <u>Box 1894 John Carter Brown Lib.</u>		Street Address <u>64 Cathedral Ave</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02912</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
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 <u>Isabelle Pingree</u>		Director Name <u>Dan Siegel</u>	
Street Address <u>35 Halsey St.</u>		Street Address <u>PO Box 2594</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
Director Name <u>David Sherman</u>		Director Name <u>Catherine Wodhouse</u>	
Street Address <u>PO Box 104</u>		Street Address <u>20 Balton Rd.</u>	
City <u>Monument Beach</u>	State <u>MA</u>	Zip <u>02553</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FILED

MAY 21 2014

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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.

Pamela A. Rakowski 5/19/14
 Signature of Officer or Authorized Representative Date

Pamela A. Rakowski
 Print or Type Name of Officer or Authorized Representative