

## 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.

1. Entity ID No.		2. Exact name of the Corporation				
162147	MAURY	MAURY LOONTJENS MEMORIAL LIBRARY FUND, INC.				
3. State of Incorporation	4. Brief des	scription of the character of I	ousiness conducted in Rhode Is	sland		
RHODE ISLAND	To raise equipm	To raise money to support the Maurice J. Loontjens Public Library for purch equipment, supplies, reading materials, and providing such other support as necessary to benefit the library.				
5. Principal office address 28 Caswell Street			City Narragansett	State RI	Zip <b>02882</b>	
LIST ALL OFFICERS	NAMES AND ADD	RESSES) ("X" BOX FOR A	FACHMENT!			
resident Name		And the second s	Vice-President Name		April 1 April	
Virginia M. Loontjens			Matthew Gill			
Street Address			Street Address			
27 Daytona Avenu	e		689 Boston Neck Roa	ad		
ity	State	Zip	City	State	Zip	
arragansett	RI	02882	Narragansett	RI	02882	
ecretary Name			Treasurer Name	1	12202	
David Krugman			T. Brian Handrigan			
Street Address			Street Address			
1 Indian Trail			120 Chestnut Avenue			
ty	State	Zip	City	State	Zip	
understown	RI	02874	Narragansett D CORPORATIONS <u>MUST</u> LI	RI	02882	
/irginia M. Loontjens treet Address			David Krugman Street Address			
27 Daytona Avenue			21 Indian Trail			
ty arragansett	State	Zip	City	State	Zip	
ector Name	RI	02882	Saunderstown	RI	02874	
. Brian Handrigan			Director Name Matthew Gill			
treet Address			Street Address			
20 Chestnut Avenue			689 Boston Nack Road			
у	State	Zip	City	State	Zip	
ırragansett	RI	02882	Narragansett	RI	02882	
REGISTÈRED AGENT II			······································	,		
s information is curren	tly of record in the	Office of the Secretary of	State. Changes require filing	Form 641	-	
nis report must be signed b Trustee	by either the Preside	ent, Vice-President, Secretary	State. Changes require filing y, Assistant Secretary, Treasur	3 Form 641. er, duly Authorized F	Representative, Rece	
		FILED	Under penalty of perjury,	I declare and affirm	n that I have examin	
ille Date Theck No <u>+</u>		JUN 1 2 2014	this report, including any and that all statements co	accompanying sc ontained herein are	nedules and stateme true and correct.	
	ВУ	1062	David Krue	man	6-8-2014	
OR SECRETARY OF ST	ATE HEE ONLY		Signature of Officer or Aug	ofized Representati	ve Date	
			David Krugman			
rm No. 631			Print or Type Name of Officer or Authorized Representative			

Revised: 04/2014