



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000030433

2. Name of Corporation The Rhode Island Library Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 6765
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SUPPORT LIBRARIANS AND INFORMATION SCIENCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JENIFER BOND	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
TREASURER	PATRICIA SCHULTZ	1150 DOUGLAS PIKE SMITHFIELD, RI 02914 US
SECRETARY	EMILY GRACE LE MAY	PO BOX 6765

		PROVIDENCE, RI 02940 USA
VICE PRESIDENT	AARON COUTU	PO BOX 6765 PROVIDENCE, RI 02940 USA
DIRECTOR	EILEEN DYER	PO BOX 6765 PROVIDENCE, RI 02940 USA
DIRECTOR	CHRISTINE WALLACE GOLDSTE	303 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	JULIE DECESARE	1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JENIFER BOND BRYANT UNIVERSITY, DOUGLAS & JUDITH KRUPP LIBRARY 1150 DOUGLAS PIKE SMITHFIELD , RI 02917

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of July, 2014 at 10:53:57 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PATRICIA SCHULTZ
Signature of Authorized Person

Form No. 631
Revised 09/07