



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 2015

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. 134029		2. Exact name of the Corporation West Warwick Public Library Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To assist the West Warwick Public Library to provide free programs and services for the public by soliciting and/or receiving and holding funds from businesses, organizations, agencies and individuals and making such funds available to the West			
5. Principal office address 1043 Main Street		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nathan Shapiro		Vice-President Name Linda Goldman			
Street Address 104 Monterey Drive		Street Address 66 Governor's Hill			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Lee T. Rice		Treasurer Name Andrea Plaziak			
Street Address 50 Sycamore Drive		Street Address 18 Harley Street			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Nadine Podurski		Director Name Marissa Silver			
Street Address 440 East Greenwich Avenue		Street Address 450 Providence Street Unit 33			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Tom O'Donnell, Ex officio		Director Name NONE			
Street Address 97 Nelson Street		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
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: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED

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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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative