



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. 73841		2. Exact name of the Corporation North Kingstown Free Library Corporation	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island. To operate as non profit corporation exclusively for the charitable, scientific & educational purposes of the North Kingstown Free Library.	
5. Principal office address 100 Boone St		City North Kingstown	State RI
		Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Richard Moore		Vice-President Name Joan Ehrhardt	
Street Address 17 Main St		Street Address 49 Main St	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Cyndi Desrochers		Treasurer Name Paul Sollitto	
Street Address 42 Noxon St.		Street Address 84 Cedar Glen	
City W. Warwick	State RI	City North Kingstown	State RI
Zip 02893		Zip 02852	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Robyn Levine		Director Name Marie Parental	
Street Address 533 Annaquatucket Rd		Street Address 471 Annaquatucket Rd	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Director Name Thomas Sgouros		Director Name Lori Vernon	
Street Address 15 Boston Neck Rd		Street Address 68 Shady Lea Rd	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
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

FILED

File Date _____

JUN 04 2015

Check No _____

By: _____

BY 1370

FOR SECRETARY OF STATE USE ONLY

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.

Cyndi Desrochers

Signature of Officer or Authorized Representative

6/1/15

Date

Cyndi Desrochers

Print or Type Name of Officer or Authorized Representative

Director -

ID # 73841

Jean Tammaro

P.O. Box 1201

North Kingstown, RI
02852

FILED

JUN 04 2015

BY 73841