



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. 27557		2. Exact name of the Corporation The Kingston Free Library and Reading Room			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Library, Reading Room and Related Services			
5. Principal office address 2605 Kingstown Road		City Kingston		State RI	Zip 02881
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elizabeth McNab		Vice-President Name Ann Rheault			
Street Address 151 Cherry Road		Street Address 1121 Mooresfield Road			
City Kingston	State RI	Zip 02881	City Wakefield	State RI	Zip 02879
Secretary Name Janice Sieburth		Treasurer Name Donna McBurney			
Street Address 408 Barber's Pond Road		Street Address 40 Potter Lane			
City West Kingston	State RI	Zip 02892	City Kingston	State RI	Zip 02881
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 Mary Ann Comstock		Director Name Elizabeth Indeglia			
Street Address 40 Orchard Avenue		Street Address 2563 Kingstown Road			
City Wakefield	State RI	Zip 02879	City Kingston	State RI	Zip 02881
Director Name Mary Daley		Director Name Suzanne Pleskunas			
Street Address 141B Laurel Lane		Street Address 685 Congdon Hill Road			
City West Kingston	State RI	Zip 02892	City Saunderstown	State RI	Zip 02874
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

FILED

JUN 08 2015

BY

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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.

Donna L. McBurney
Signature of Officer or Authorized Representative

06/05/2015

Date

Donna L. McBurney, Treasurer

Print or Type Name of Officer or Authorized Representative