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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.	2. Exact name of the Corporation
1013488	THE FRIENDS OF THE WOONSOCKET HARRIS PUBLIC LIBRARY
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: TO RAISE FUNDS TO HELP THE LIBRARY PROVIDE SERVICES AND MATERIALS FOR PATRONS

5. Principal office address	City	State	Zip
303 CLINTON STREET	WOONSOCKET	RI	02895

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DIANE RIVERS	1097 PARK AVENUE	WOONSOCKET	RI	02895

Vice-President Name	Street Address	City	State	Zip
ERNEST DiSPIRITO	79 BERNICE AVENUE	WOONSOCKET	RI	02895

Secretary Name	Street Address	City	State	Zip
JAMES SMITH	335 AVENUE A	WOONSOCKET	RI	02895

Treasurer Name	Street Address	City	State	Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
DIANE RIVERS	1097 PARK AVENUE	WOONSOCKET	RI	12895

Director Name	Street Address	City	State	Zip
ERNEST DiSPIRITO	79 BERNICE AVENUE	WOONSOCKET	RI	02895

Director Name	Street Address	City	State	Zip
JAMES SMITH	335 AVENUE A	WOONSOCKET	RI	02895

Director Name	Street Address	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

FILED

File Date DEC 28 2015

Check No _____ **BY** 1870

By: _____

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.

Leslie A Page — 12/22/15
Signature of Officer or Authorized Representative — Date

LESLIE A PAGE
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

129973-2-1032730