



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 30585		2. Exact name of the Corporation Union Public Library Association	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintenance of public library building Principal fundraiser - annual book sale	
5. Principal Office Address 3832 Main Road		City Tiverton	State RI
		Zip 02878	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gayle Lawrence		Vice-President Name Lois Kane	
Street Address 108 Long Pasture Way		Street Address 38 Bonniefield Drive	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Secretary Name Lynn Ferrault		Treasurer Name Mimi Iglesias	
Street Address 99 Neck Rd		Street Address 16 Maple Avenue	
City Tiverton	State RI	City Little Compton	State RI
Zip 02878		Zip 02837	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Barbara Martin		Director Name Kay Hughes	
Street Address 313 Neck Rd		Street Address 244 Nannaguaket Rd	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Director Name Nancy Lundgren		Director Name Diane Cacase	
Street Address 531 Punkateest Neck Rd		Street Address 20 Bonniefield Drive	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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. Check #403			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Gayle Lawrence			Date 5.23.2016
Signature of Officer/Authorized Representative Gayle Lawrence SIGN DOCUMENT HERE			

FILED
MAY 26 2016
BY 403 DS