

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

HOPE				
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	2. Exact name of the Corporation			
30585	Union Public Library Association			
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island			
	Maintenance of public library building			
Rhode Island	Principal fundraiser - annual book-sale			
5. Principal Office Address		City	State	Zip
3832 Main Road		Tiverton	RI	02878
6. List ALL officers (names and a	Check the box	to indicate an atta	achment	
President Name Gayle Lawrence		Vice-President Name		
Street Address Long fasture Way		Street Address Bonnie field Drive		
city Tiverton	State 1 Zip 28 78	City Tivertin	State	Zip 2878
Secretary Name Lynn ferault		Treasurer Name Mimi / glesias		
Street Address 99 Neck Rd		Street Address Ko Maple Avenue		
city Tiverton	Stat R1 Zip 2878	cirlittle Compton	State R/	Zip 02837
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Barbara Martin Street Address & January 19		Director Name Kay Hughes		
street Address 313 Neck Rd		Street Address 244 Nannaguaket Rd		
cityTiverton	State R1 Zip 0 28 78		State 81	ZipOZfn8
Director Name Nancy Lundgren		Director Name Diane Cacase		
Street Addres 31 funka	teest Neck Rd	Street Address 20 Boni	niefield	Drive
city Tiverton	State R1 Zip 02818	city Tiveston	State R/	Zip02878
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				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative			Date	
Jayle Lawrence			5.23.	2016
Signature of Officer/Authorized Representative Jayle Lawrence Sign Good Mentine RE				
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Form No. 631 Revised: 2016