RI SOS Filing Number: 201699455610 Date: 05/27/2016 4:00 PM

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	2. Exact name of the Corporation
26914	Auburn Public Library Association
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Library Services

5. Principal Office Address	City	State	Zip
396 Pontiac Ave	Cranston	RI	02910

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: SUSAN ABBOTSON			Vice-President Name:		
Street Address: 396 PONTIAC AVE			Street Address:		
City: CRANSTON	State: RI	Zip: 02910	City:	State:	Zip:
Secretary Name: MICHAEL GOLDBERG			Treasurer Name: FRED RAISNER		
Street Address: 47 PAINE AVE			Street Address: 38 BROOKSIDE Dr		
City: CRANSTON	State: RI	Zip: 02910	City: CRANSTON	State: RI	Zip: 02910

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name: PAULA GOLDBERG			Director Name: RICHARD PIERCE		
Street Address: 47 PAINE AVE			Street Address: 74 W. BLUE RIDGE		
City: CRANSTON	State: RI	Zip: 02910	City: CRANSTON	State: RI	Zip: 02910
Director Name: SUSAN RAISNER			Director Name:		
Street Address: 38 BROOKSIDE Dr			Street Address:		
City: CRANSTON	State: RI	Zip: 02910	City:	State:	Zip:

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.

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
FRED RAISNER	5/24/16

Signature of Officer/Authorized Representative: [signature] SIGNATURE

FILED
MAY 27 2016
BY 590 DS

Form No. 631
Revised: 2016
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