RI SOS Filing Number: 201699457380 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 |
|---|---|
| **73841** | **North Kingstown Free Library Corporation** |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| **Rhode Island** | To operate a non-profit corporation exclusively for the charitable, scientific, and educational purposes of the North Kingstown Free Library |

| 5. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **100 Boone Street** | **North Kingstown** | **RI** | **02852** |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name **Lori Vernon** | | | Vice-President Name **Joan Ehrhardt** | | |
| Street Address **68 Shady Lea Road** | | | Street Address **49 Main Street** | | |
| City **North Kingstown** | State **RI** | Zip **02852** | City **North Kingstown** | State **RI** | Zip **02852** |
| Secretary Name **Cyndi Desrochers** | | | Treasurer Name **Richard Moore** | | |
| Street Address **100 Boone Street** | | | Street Address **17 Main Street** | | |
| City **North Kingstown** | State **RI** | Zip **02852** | City **North Kingstown** | State **RI** | Zip **02852** |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name **Thomas Sgouros** | | | Director Name **Robyn Levine** | | |
| Street Address **15 Boston Neck Road** | | | Street Address **533 Annaquatucket Road** | | |
| City **North Kingstown** | State **RI** | Zip **02852** | City **North Kingstown** | State **RI** | Zip **02852** |
| Director Name **Marie Pamental** | | | Director Name **Elizabeth Suvari** | | |
| Street Address **471 Annaquatucket Road** | | | Street Address **111 Champlin Road, PO Box 7** | | |
| City **North Kingstown** | State **RI** | Zip **02852** | City **Saunderstown** | State **RI** | Zip **02874** |

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 |
|---|---|
| **Cyndi Desrochers** | **5/24/2016** |

Signature of Officer/Authorized Representative
Cyndi Desrochers SIGN DOCUMENT HERE

**FILED**
MAY 27 2016
BY 1392 DS

Form No. 631
Revised: 2016

137438-14-1120116