



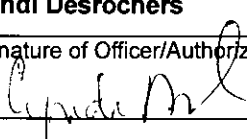
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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					
 SIGN DOCUMENT HERE					

FILED
MAY 27 2016
BY 1392 DS