



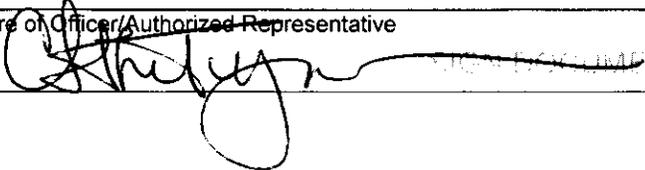
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
932612		Friends of the Family Literacy Center			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		non-profit			
5. Principal Office Address			City	State	Zip
12 Park Way			Manville	RI	02838
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Beaucehemin			Vice-President Name <i>none</i>		
Street Address 1074 Great Road			Street Address		
City Lincoln	State RI	Zip 48065	City	State	Zip
Secretary Name <i>none</i>			Treasurer Name <i>none</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 T. Joseph Almond			Director Name Nancy Andrews		
Street Address 6 Brookside Dr.			Street Address 61 Tucker St.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Jessie Kanter			Director Name Elizabeth Moore		
Street Address 9 Anna Sayles Rd.			Street Address 10 Briarwood Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
Christine Turgeon				5/11/2016	
Signature of Officer/Authorized Representative					
					

FILED
JUN 06 2016
BY 5577