



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			
26142		THE LADIES PASCOAG LIBRARY ASSOCIATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		maintaining a public library in the Village of Pascoag, RI			
5. Principal Office Address		City	State	Zip	
57 Church Street		Pascoag	RI	02859	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth Morin		Vice-President Name Florence Stevens			
Street Address 424 Church Street		Street Address 550 Eagle Peak Road			
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Nancy M. St. Pierre		Treasurer Name Evelyn M. Levesque			
Street Address 18 Farnum Road		Street Address 4 Broad Street			
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
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 Joyce Fortier		Director Name Kathan Lambert			
Street Address 110 Camp Dixie Road		Street Address P. O. Box 250			
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Barbara Lataille		Director Name Evelyn M. Levesque			
Street Address 466 Reservoir Avenue		Street Address 4 Broad Street			
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 644.					
I, the undersigned, do hereby declare and affirm that I have examined this report, including any accompanying schedules and statements, and all statements contained herein are true and correct.					
Name of Officer/Authorized Representative				Date	
Evelyn M. Levesque, Treasurer				6/2/16	
Signature of Officer/Authorized Representative <i>Evelyn M. Levesque</i> SIGN DOCUMENT HERE					

FILED *DL*

JUN 06 2016

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