RI SOS Filing Number: 201600629080 Date: 06/13/2016 4:00 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
28302	**Friends of the Robert Beverly Hale Library**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**An association to promote and further the goals of the Robert Beverly Hale Library**

5. Principal Office Address	City	State	Zip
2601 Commodore Perry Hwy	**Wakefield**	**RI**	**02879**

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

President Name **Barbara Canfield**			Vice-President Name **Mary Ellen Walsh**		
Street Address **128 Canterbury Rd**			Street Address **288 Schoolhouse Rd.**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**
Secretary Name **Barbara Dimock**			Treasurer Name **Mary Ann Comstock**		
Street Address **PO Box 183**			Street Address **40 Orchard Ave**		
City **West Kingston**	State **RI**	Zip **02892**	City **Wakefield**	State **RI**	Zip **02879**

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

Director Name **Ottis Winslow**			Director Name **Nora Corrigan**		
Street Address **2275 Post Rd.**			Street Address **1178 Succotash Rd.**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**
Director Name **Dianne McHugh**			Director Name NONE		
Street Address **13 Bass Rd.**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	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
Mary Ann Comstock	**6/9/16**

Signature of Officer/Authorized Representative: Mary Ann Comstock SIGN DOCUMENT HERE

FILED
JUN 13 2016
BY KL550

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
138020-43-1135706

FORM 631 - Revised: 05/2016