



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			
72733		FRIENDS of the BROWNELL Library			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		SUPPORT FOR THE BROWNELL LIBRARY			
5. Principal Office Address		City	State	Zip	
PO BOX 523		LITTLE COMPTON	RI	02837	
6. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>	
President Name		Vice-President Name			
DEE HOLIDAY		ROBERTA SHAW			
Street Address		Street Address			
PO BOX 449		2 BURCHARD AVE			
City	State	Zip	City	State	Zip
LITTLE COMPTON	RI	02837	LITTLE COMPTON	RI	02837
Secretary Name		Treasurer Name			
JOAN CARLSON		STUART MORGAN			
Street Address		Street Address			
PO BOX 1028		50 SOUTH SHORE RD			
City	State	Zip	City	State	Zip
LITTLE COMPTON	RI	02837	LITTLE COMPTON	RI	02837
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		Director Name			
DEE HOLIDAY		ROBERTA SHAW			
Street Address		Street Address			
PO BOX 449		2 BURCHARD AVE			
City	State	Zip	City	State	Zip
LITTLE COMPTON	RI	02837	LITTLE COMPTON	RI	02837
Director Name		Director Name			
JOAN CARLSON		STUART MORGAN			
Street Address		Street Address			
PO BOX 1028		50 SOUTH SHORE RD			
City	State	Zip	City	State	Zip
LITTLE COMPTON	RI	02837	LITTLE COMPTON	RI	02837
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	
STUART MORGAN				6/17/16	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE
FILED

JUN 20 2016

BY 1848