



**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	
27697		THE FRIENDS OF THE CRANSTON PUBLIC LIBRARY	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		SUPPORT OF PROGRAMMING AT CRANSTON PUBLIC LIBRARY	
5. Principal Office Address		City	State
140 SOCHAUSSET CROSS ROAD		CRANSTON	RI
			02920
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HAROLD GADON		Vice-President Name JANET BOWAB	
Street Address 51 TUPELO HILL DRIVE		Street Address 31 NEWBURY ST.	
City CRANSTON	State RI	City CRANSTON	State RI
	Zip 02920		Zip 02920
Secretary Name TOBY ROSSNER		Treasurer Name VERONICA CROCE	
Street Address 1000 CHAPEL VIEW BLVD. SUITE 308		Street Address 20 PALMER AVE.	
City CRANSTON	State RI	City CRANSTON	State RI
	Zip 02920		Zip 02920
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 SHEILA HRAMER		Director Name ELIZABETH CIMINI	
Street Address 161 LANDSDOWNE ROAD		Street Address 133 PAWTUCKET AVE.	
City WARWICK	State RI	City CRANSTON	State RI
	Zip 02888		Zip 02905
Director Name JOSEPH CIMINI		Director Name	
Street Address 133 PAWTUCKET AVE.		Street Address	
City CRANSTON	State RI	City	State
	Zip 02920		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.			
<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
VERONICA CROCE			7/3/14
Signature of Officer/Authorized Representative			
<i>Veronica Croce, Treas.</i>			

FILED

JUL 14 2016

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