



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000164897

**2. Name of Corporation** Tiverton Library Foundation, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 34 ROOSEVELT AVENUE

City or Town: TIVERTON

State: RI

Zip: 02878

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 128 ABEL HART LANE

City or Town: TIVERTON

State: RI

Zip: 02878

Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO SECURE CONTRIBUTIONS TO HELP SUPPORT THE OPERATIONAL AND CAPITAL NEEDS OF THE TIVERTON PUBLIC LIBRARY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STUART HORWITZ	128 ABEL HART LANE TIVERTON, RI 02878 USA
VICE PRESIDENT	AL LEES	P.O. BOX 502 WESTPORT POINT, MA 02791 USA

DIRECTOR	EILEEN BROWNING	98 FIELDSTONE LANE TIVERTON, RI 02878 USA
DIRECTOR	AL LEES	P.O. BOX 502 WESTPORT POINT, MA 02791 USA
DIRECTOR	STUART HORWITZ	128 ABEL HART LANE TIVERTON, RI 02878 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANN GREALISH-RUST 34 ROOSEVELT AVENUE TIVERTON , RI 02878

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 11 Day of August, 2016 at 5:08:34 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By STUART HORWITZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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