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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.

2017	7.	)
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1. Entity ID Number <b>26651</b>		2. Exact name of the Corporation  East Smithfield Public Library						
State of Incorporation     Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide the programs and services of a non-profit public library.						
5. Principal Office Address			City	State	Zip			
50 Esmond Street			Smithfield	RI	02917			
6. List ALL officers (names an		<u>-</u>		Check the box to indicat	e an attachment			
President Name Kathleen M. Walsh				Vice-President Name Michael Hatcher				
Street Address 9 Oliver Street			Street Address 7 Elizabeth Avenue					
City Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield	State RI	<sup>Zip</sup> 02917			
Secretary Name Luigia Solda			Treasurer Name Paula M. E	Treasurer Name Paula M. Blackmore				
Street Address 3 Lori Ellen Dri	ve		Street Address 223 Old Co	Street Address 223 Old County Road				
City Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield	State RI	<sup>Zip</sup> 02917			
7. List ALL directors (names ar	nd addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment 🗸			
Director Name Celine Bell			Director Name Mary Coste	Check the box to indicate an attachment University Director Name  Mary Costello				
Street Address 54 Smith Avenue			Street Address 4 Rimwood Drive					
City Greenville	State RI	<sup>Zip</sup> <b>02828</b>	City Smithfield	State RI	Zip <b>02917</b>			
Director Name Ward Harrison	Sr.		Director Name Melissa Moroni					
Street Address 86 Dean Avenue			Street Address 1 East Prospect Street					
City Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield	State RI	Zip <b>02917</b>			
8. Registered Agent in Rhode I	sland. This information	on is currently of reco	rd in the Department of State. Cha	anges require filing Form 6				
Under penalty of perjury, I de statements, and that all state	clare and affirm ti	hat I have examine	ed this report, including any					
This report must be signed by either the				epresentative, Receiver or Tru	stee.			
Name of Officer/Authorized Re				Date	4:52			
Paula M. Blackmore				03/15/17	9,30			
Signature of Officer/Authorized	Representative	- 15:6 W	A 4-99A TIOS	F	LED			
Paula 1177	liadon	Mid	odko dilu	. 55	4 2017			
AIL TO: ivision of Business Services 48 W. River Street, Providence, Rho	ode Island 02904-261	OE STATE	40 <b>14</b> 9000	APK	30009			

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017

Entity ID Number

Exact name of the Corporation

26651

East Smithfield Public Library

**Additional Directors** 

Luana M. Stearns-Towne 4 Diana Avenue Smithfield, RI 02917 Sheri Vieira 212 Farnum Pike Smithfield, RI 02917

FILED
APR 4 2017