



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

Annual Report for the year: 2017
 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.

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 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 30585	2. Exact name of the Corporation Union Public Library Association		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Maintenance of public library building Principal fund raiser: Annual Book Sale		
4. NAICS Code 81			

6. Principal Office Address 3832 Main Road	City Tiverton	State RI	Zip 02878
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gayle Lawrence		Vice-President Name Lois Kane			
Street Address 108 Long pasture Way		Street Address 38 Bonniefield Drive			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Lynn Ferrault		Treasurer Name Mimi Iglesias			
Street Address 99 Neck Rd		Street Address 16 Maple Avenue			
City Tiverton	State RI	Zip 02878	City Little Compton	State RI	Zip 02878

8. 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 Barbara Martin		Director Name Kay Hughes			
Street Address 313 Neck Rd		Street Address 244 Narragansett Rd			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Phyllis Rowland		Director Name Diane Cacase			
Street Address 489 Neck Rd		Street Address 20 Bonniefield Drive			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878

9. 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 Gayle Lawrence	Date 5.29.2017
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Signature of Officer/Authorized Representative

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov
401.624.7830

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