



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.

1. Entity ID Number 26142		2. Exact name of the Corporation THE LADIES PASCOAG LIBRARY ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island maintaining a public library in the Village of Pascoag, RI			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 57 Church Street			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Florence Stevens			Vice-President Name Kathan Lambert		
Street Address 550 Eagle Peak Road			Street Address P. O. Box 250		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Nancy M. St. Pierre			Treasurer Name Evelyn M. Levesque		
Street Address 18 Farnum Road			Street Address 4 Broad Street		
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
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 Joyce Fortier			Director Name Kathan Lambert		
Street Address 110 Camp Dixie Road			Street Address P. O. Box 250		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Barbara Lataille			Director Name Evelyn M. Levesque		
Street Address 466 Reservoir Avenue			Street Address 4 Broad Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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.					
<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 Evelyn M. Levesque, Treasurer				Date 6/5/17 ✓	
Signature of Officer/Authorized Representative <i>Evelyn M. Levesque</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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