RI SOS Filing Number: 201745920440 Date: 6/21/2017 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division				2017 JUN	R.I. DI
Annual Report for the year:	2017			121	EPT S S
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.		AM 10: 0	OF STAT
1. Entity ID Number	2. Exact name o	f the Corporation		8.	
27557	The Kingston Free Library and Reading Room				
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Library, Reading Room and Related Services				
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address		•	City	State	Zip
605 Kingstown Road			Kingston	RI	02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Elizabeth McNab			Vice-President Name Ann Rheault		
Street Address 151 Cherry Road			Street Address 1121 Mooresfield Road		
City Kingston	State RI	^{Zip} 02881	City Wakefield	State RI	^{Zip} 02879
Secretary Name Janice Sieburth			Treasurer Name Donna McBurney		
Street Address 408 Barber's Pond Road			Street Address 40 Potter Lane		
City West Kingston	State RI	Zip 2892	City Kingston	State RI	^{Zip} 02881
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Mary Ann Comstock			Director Name Elizabeth Indeglia		
Street Address 40 Orchard Avenue			Street Address 2563 Kingstown Road		
City Wakefield	State RI	^{Zip} 02879	City Kingston	State RI	^{Zip} 02881
Director Name Mary Daley			Director Name Suzanne Pleskunas		
Street Address 141B Laurel Lane			Street Address 685 Congdon Hill Road		
City West Kingston	State RI	Zip 02892	City Saunders Town	State RI	^{Zip} 02874
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 Donna L. McBurney, Treasurer				Date 06/14/2017	
Signature of Officer/Authorized Representative DONNA L. M'BUNNEY Treasurer MAIL TO: FIFT					
Dana L. Mi Burney, Treasurer					
AAIL TO:					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 1 2017

FORM 631 - Revised: 05/2017