



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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 27720		2. Exact name of the Corporation Friends of the Memorial and Library Association of Westerly			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote and support the Westerly Library			
4. NAICS Code 8231					
6. Principal Office Address 44 Broad Street		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurie Callaghan			Vice-President Name Nina Rossamondo		
Street Address 90 Beach Street			Street Address 12 West Fairway Avenue		
City Westerly		State RI	Zip 02891	City Westerly	
				State RI	
				Zip 02891	
Secretary Name Erin Call			Treasurer Name Elizabeth Coffey		
Street Address 44 Cross Street			Street Address 37 Palmer Neck Road		
City Westerly		State RI	Zip 02891	City Pawcatuck	
				State RI CT	
				Zip 06379	
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 Donna Celico			Director Name Val Camfield		
Street Address 15 Beach St.			Street Address 66 Elm St.		
City Westerly		State RI	Zip 02891	City Westerly	
				State RI	
				Zip 02891	
Director Name Robert Benson			Director Name Margy Long		
Street Address 31 George St.			Street Address 66 Elm St.		
City Westerly		State RI	Zip 02891	City Westerly	
				State RI	
				Zip 02891	
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Elizabeth Coffey, Treasurer				Date June 9, 2017	
Signature of Officer/Authorized Representative <i>Elizabeth Coffey</i>				<div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">FILED</div>	
SIGN DOCUMENT HERE					

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

JUN 21 2017
 BY 2530
 FORM 631 - Revised: 05/2017