RI SOS Filing Number: 201746777070 Date: 6/26/2017 4:00:00 PM

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	2. Exact name of the Corporation
30052	School Librarians of Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Support and advocacy for library/Media Specialists in RI public/private schools =Professional=
4. NAICS Code: 611110	

6. Principal Office Address	City	State	Zip
PO Box 470	East Greenwich	RI	02818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Lisa Girard	Deanna Brooks
Street Address: 104 Tockwotton Farm Rd.	Street Address: 10 Middletown Rd.
City: No. Kingstown State: RI Zip: 02852	City: Bristol State: RI Zip: 02809
Secretary Name	**Treasurer Name**
Lisa Casey	Jillian Waugh
Street Address: 67 Miner Rd.	Street Address: 89 Second St.
City: Saunderstown State: RI Zip: 02874	City: Newport State: RI Zip: 02840

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Lisa Girard — Check the box to indicate an attachment ☐

Director Name	Director Name
Lisa Girard	Jillian Waugh
Street Address: 104 Tockwotton Farm Rd.	Street Address: 89 Second St.
City: No. Kingstown State: RI Zip: 02852	City: Newport State: RI Zip: 02840
Director Name: Sarah Hunicke	Director Name
Street Address: 206 Pearse Rd.	Street Address
City: Swansea State: MA Zip: 02777	City State Zip

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: Jillian B Waugh — Date: 6-24-17

Signature of Officer/Authorized Representative: Jillian B. Waugh

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

FILED
JUN 26 2017
BY 856
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