



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 000073841		2. Exact name of the Corporation North Kingstown Free Library Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To operate as a non profit corporation exclusively for the charitable, scientific and educational purposes of The North Kingstown Free Library			
4. NAICS Code 519120					
6. Principal Office Address 100 Boone St			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Lori Vernon			Vice-President Name		
Street Address 68 Shady Lea Rd			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name Richard Moore		
Street Address			Street Address 17 Main St		
City	State	Zip	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name Thomas Spouros			Director Name Joan Ehrhardt		
Street Address 15 Boston Neck Rd			Street Address 49 Main St		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Rini George Kutty			Director Name Robyn Levine		
Street Address 31 Mayflower Ct.			Street Address 533 Annagatucket Rd		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 Cyndi Desrochers				Date 7/10/17	
Signature of Officer/Authorized Representative <i>Cyndi Desrochers</i>					

FILED

BY

JUL 12 2017  
130829

**Additional Directors**

Patricia Carlson  
138 Pine Glen Drive  
East Greenwich, RI 02818

Elizabeth Suvari  
111 Champlin Road  
PO Box 7  
Saunderstown, RI 02874

Cyndi Desrochers  
100 Boone Street  
North Kingstown, RI .2852

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JUL 12 2017  
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