



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 26053		2. Exact name of the Corporation George Hail Free Public Library			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide all aspects of public library service.			
4. NAICS Code 813990					
6. Principal Office Address 530 Main St.			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John F. Millard Ph.D.			Vice-President Name John Chaney		
Street Address 15 Greene St.			Street Address 172 Water St.		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Thomas E. Wright, Esq.			Director Name Carol Gafford		
Street Address 572 Main St.			Street Address 700 Market St. Apt. 133		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Paula Rooks			Director Name James Toll		
Street Address 2 Calder Dr			Street Address 86 Harris Ave		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 JOHN F. MILLARD					Date 6/30/17
Signature of Officer/Authorized Representative <i>John F. Millard</i>					FILED

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

BY 4927
JUL 18 2017
FORM 631 Revised: 06/2017