RI SOS Filing Number: 201747485370 Date: 7/19/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year:

N	or	1-P	rof	t C	Cor	po	rat	ion
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2017

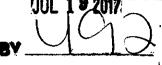
- → Filing period: June 1 June 30
- → Filing Fee: \$20.00
- → Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of	of the Corporation						
26053	· ·							
3. State of Incorporation	5. Brief descript	ion of the characte	er of busine	of business conducted in Rhode Island				
RI	To pr	ovide all	aspects of public library service.					
4. NAICS Code	1							
813990								
6. Principal Office Address			City		State	Zip		
530 Main St	- - •		Warren RI			02885		
7. List ALL officers (names and add	dresses)			Che	eck the box to indicate	an attachment		
President Name  John F.	Millard	Ph.D.	Vice-President Name  John Chaney					
Street Address	ene St.	•	Street Address 172 Water St.					
City	State	Zip 02888	City		State	Zip		
Warren	RIRI	<del>0233</del> 3		arren	RI	02885		
Secretary Name			Treasure	Name				
Street Address				Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ad	dresses). RI Corp	porations MUST lis	st at least	THREE directors.	Check the box to indic	cate an attachment		
Director Name			Director Name					
Street Address	Wright, E	<del>sq.                                    </del>	Street Ad	Street Address				
572 Main S		T	700 Market St.Apt 133					
City Warren	State R I	<sup>Zip</sup> 02885	City	Warren	State RI	Zip 02885		
Director Name Paula	ooks		Director Name  James Toll					
Street Address			Street Ad	Street Address				
2 Calder D		7:-	City	86 Harris Ave				
City Warren	State RI	Zip 02885	City	Warren	State RI	Zip 02885		
9. Registered Agent in Rhode Islan	d. This information	is currently of record	l in the Depa	ertment of State. Chang	es require filing Form 6-			
Under penalty of perjury, I declar statements, and that all statemen			-	rt, including any ac	companying sched	ules and		
This report must be signed by either the Pres	ident, Vice-President,	Secretary, Assistant Se	cretary, Treas	urer, duly Authorized Repr	esentative, Receiver or Tru	stee.		
Name of Officer/Authorized Repres	entative				Date	T		
NOHN 4	=. MI			6/3	0/17			
Signature of Officer/Authorized Rep		.n		FILE	D /	7		
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				JUL 18				

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



Revised: 06/2017