



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 105244		2. Exact name of the Corporation Friends of the Exeter Public Library, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote informed interest in the functioning resources, needs and services of the Exeter Public Library.	
4. NAICS Code 813211			
6. Principal Office Address 12 Everett Salisbury Lane		City Exeter	State RI
		Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Helen J. Douglas		Vice-President Name Irene Pelley	
Street Address 12 Everett Salisbury Lane		Street Address 49 Cedar Creek Drive	
City Exeter	State RI	City Attleboro	State MA
	Zip 02822		Zip 02703
Secretary Name Wanda Rose		Treasurer Name David Zannelli	
Street Address 78 Whispering Pine Way		Street Address 6 Everett Salisbury Lane	
City Exeter	State RI	City Exeter	State RI
	Zip 02822		Zip 02822
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 Helen J. Douglas		Director Name Irene Pelley	
Street Address 12 Everett Salisbury Lane		Street Address 49 Cedar Creek Drive	
City Exeter	State RI	City Attleboro	State MA
	Zip 02822		Zip 02703
Director Name Wanda Rose		Director Name DAVID ZANNELLI	
Street Address 78 Whispering Pine Way		Street Address 6 Everett Salisbury Lane	
City Exeter	State RI	City Exeter	State RI
	Zip 02822		Zip 02822
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Helen J. Douglas, President			Date 17 July 2017
Signature of Officer/Authorized Representative <i>Helen J. Douglas</i>			

FILED

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