



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB 27 AM 11:33

1. Entity ID No. 111883		2. Exact name of the Corporation North Providence Union Free Library Foundation			
3. State of Incorporation Rhode Island <i>624190</i>		4. Brief description of the character of business conducted in Rhode Island Public Library Support			
5. Principal office address 1810 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name		Vice-President Name Diane Rench			
Street Address		Street Address 1637 Smith Street			
City	State	Zip	City	State	Zip
			North Providence	RI	02911
Secretary Name Margaret Hirst		Treasurer Name Samy Marcos			
Street Address 46B Knoll Place		Street Address 24 Carriage Way			
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	RI	02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name Diane Rench			
Street Address		Street Address 1637 Smith Street			
City	State	Zip	City	State	Zip
			North Providence	RI	02911
Director Name Margaret Hirst		Director Name Samy Marcos			
Street Address 46B Knoll Place		Street Address 24 Carriage Way			
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	RI	02904
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

FEB 27 2018

BY *Margaret Hirst*
 0325331

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.

Margaret Hirst 2/26/18
 Signature of Officer or Authorized Representative Date

Margaret Hirst

Print or Type Name of Officer or Authorized Representative