



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 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.

FILED
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 BY 2170

| | | | | | |
|---|-----------------|--|------------------------|-------------------------|------------------|
| 1 Entity ID Number <u>27723</u> | | 2 Exact name of the Corporation Friends of Middletown Public Library | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To support auxiliary affairs of the Middletown Public Library | | | |
| 4 NAICS Code <u>453310</u> | | | | | |
| 6. Principal Office Address 700 West Main Road Middletown, RI 02842 | | City Middletown | State RI | Zip 02842 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Lois Murray | | Vice-President Name None | | | |
| Street Address 21 Bartlett Road | | Street Address None | | | |
| City Middletown | State RI | Zip 02842 | City None | State | Zip |
| Secretary Name Brenda Rodrigues | | Treasurer Name Lisa Wardlow | | | |
| Street Address 172 Old Mill Lane | | Street Address 28 Peckham Lane | | | |
| City Middletown | State RI | Zip 02842 | City Middletown | State RI | Zip 02842 |
| 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 Lois Murray | | Director Name Lisa Wardlow | | | |
| Street Address 21 Bartlett Road | | Street Address 28 Peckham Lane | | | |
| City Middletown | State RI | Zip 02842 | City Middletown | State RI | Zip 02842 |
| Director Name Brenda Rodrigues | | Director Name | | | |
| Street Address 172 Old Mill Lane | | Street Address | | | |
| City Middletown | State RI | Zip 02842 | City | State | Zip |
| 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small> | | | | | |
| Name of Officer/Authorized Representative Lisa Wardlow | | | | Date 5/5/2018 | |
| Signature of Officer/Authorized Representative <i>Lisa Wardlow</i> SIGN DOCUMENT HERE! | | | | | |

MAIL TO:
 Division of Business Services
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