



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000028685

**2. Name of Corporation** Providence Public Library

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
519120

**4. Corporate Address in Rhode Island**

No. and Street: 150 EMPIRE STREET  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PUBLIC LIBRARY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT W EDWARDS JR.	9 LINDEN DR. PROVIDENCE, RI 02906 USA
TREASURER	JOAN M CAINE	10 WEYBOSSET ST., SUITE 200 PROVIDENCE, RI 02903 USA
SECRETARY	MICAH E SALKIND	444 WESTMINSTER ST. 3RD FL. PROVIDENCE, RI 02903 USA
VICE PRESIDENT	MARIA J.R. GONCALVES	245 WATERMAN ST. SUITE 403 PROVIDENCE, RI 02906 USA
DIRECTOR	WILLIAM S SIMMONS	BOX 1921 - GIDDINGS - RM 102 PROVIDENCE, RI 02912 USA
DIRECTOR	ELIZABETH DEBS	25 BOWEN ST. PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT K TAYLOR	40 WESTMINSTER ST. #1100 PROVIDENCE, RI 02903 USA
DIRECTOR	MAK FALAYE	60 FALLON AVE. PROVIDENCE, RI 02908 USA
DIRECTOR	SALLY P. MCDONALD	30 LOCKWOOD ST. CRANSTON, RI 02905 USA
DIRECTOR	JOSEPH A. CHAZAN MD	318 WATERMAN AVE. E PROVIDENCE, RI 02914 USA
DIRECTOR	KATHLEEN C HITTNER MD	1511 PONTIAC AVE., BLDG 69-1 CRANSTON, RI 02920 USA
DIRECTOR	BRENT RUNYON	21 MEETING ST. PROVIDENCE, RI 02903 USA
DIRECTOR	SEAN C. DAGESSE	100 WESTMINSTER ST. PROVIDENCE, RI 02903 USA
DIRECTOR	LISA DECUBELLIS	100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	KAREN G. DELPONTE	301 PROMENADE ST. PROVIDENCE, RI 02908 USA
DIRECTOR	JANET S. HASSON	75 FOUNTAIN ST. PROVIDENCE, RI 02902 USA
DIRECTOR	MAIA FARISH	1 OLD FERRY ROAD BRISTOL, RI 02809 USA
DIRECTOR	GUY LOMBARDO	P.O. BOX 559 SAUNDERSTOWN, RI 02874 USA
DIRECTOR	JOSEPH PARI	185 FRONT ST. PAWTUCKET, RI 02860 USA
DIRECTOR	JULIUS KOLAWOLE	242 WARRINGTON ST. PROVIDENCE, RI 02907 USA
DIRECTOR	IAN BALDWIN	204 WESTMINSTER ST., 4TH FLOOR PROVIDENCE, RI 02903 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

AARON PETERMAN 150 EMPIRE STREET PROVIDENCE , RI 02903

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

**Signed this 1 Day of June, 2018 at 10:56:35 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AARON J. PETERMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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