



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.

1. Entity ID Number 27704		2. Exact name of the Corporation Friends of the East Providence Library			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Public library			
4. NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address 41 Grove Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynn Akin			Vice-President Name Rosemarie Sirenski		
Street Address 182 Terrace Avenue			Street Address 163 Anthony Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Secretary Name Diane Griffin			Treasurer Name Emily Morse		
Street Address 209 Waterman Avenue			Street Address 303 Norwood Avenue		
City East Providence	State RI	Zip 02914	City Cranston	State RI	Zip 02915
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 Louise Paiva			Director Name Lucille Rodrigues		
Street Address 81 Harris Street			Street Address 35 Fraser Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Cheryl Muth			Director Name Ginnie Hogan		
Street Address 46 Griffith Drive			Street Address 18 Colony Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 Lynn Akin				Date May 31, 2018	
Signature of Officer/Authorized Representative 					

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

FILED
 JUN 04 2018
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