



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.

STAMP

1. Entity ID Number 000027720		2. Exact name of the Corporation Friends of the Memorial and Library Association of Westerly	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to promote and support the Westerly Library	
4. NAICS Code 813219			
6. Principal Office Address 44 Broad St.		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Laurie Callaghan		Vice-President Name Nina Rossamondo	
Street Address 90 Beach St.		Street Address 12 W. Fairway Ave.	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Erin Gall		Treasurer Name Steve + Ellie Coffey (Elizabeth)	
Street Address 44 Cross St.		Street Address 37 Palmer Neck Rd.	
City Westerly	State RI	City Pawcatuck	State CT
Zip 02891		Zip 06379	
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 Maria Bernier		Director Name Donna Celico	
Street Address 34 Pleasant St.		Street Address 15 Beach St	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name Bob Benson		Director Name Kathy Crowley	
Street Address 31 George St.		Street Address 20 Wicklow Rd.	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
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 Elizabeth B. Coffey			Date 6-6-2018
Signature of Officer/Authorized Representative <i>Elizabeth B. Coffey</i>			SIGN DOCUMENT HERE ck #2634

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 11 2018

FORM 631- Revised: 11/2017

BY

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