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SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN 20 PM 4:03

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	2. Exact name of the Corporation
000525847	Friends of Fox Point Library
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Promote Awareness, Use and Support of the Fox Point Library
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
90 Ives Street	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Shari Weinberger		Vice-President Name	Nicoletta Baffoni	
Street Address	21 Rose Court		Street Address	520 Wickenden St #1	
City	Providence		City	Providence	
State	RI		State	RI	
Zip	02906		Zip	02903	
Secretary Name	Norma Anderson		Treasurer Name	Ken Wise	
Street Address	51 East George St		Street Address	6 Thayer St.	
City	Providence		City	Providence	
State	RI		State	RI	
Zip	02906		Zip	02906	

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Shari Weinberger		Director Name	Nicoletta Baffoni	
Street Address	21 Rose Court		Street Address	520 Wickenden St #1	
City	Providence		City	Providence	
State	RI		State	RI	
Zip	02906		Zip	02903	
Director Name	Norma Anderson		Director Name	Ken Wise	
Street Address	51 East George St		Street Address	6 Thayer St	
City	Providence		City	Providence	
State	RI		State	RI	
Zip	02906		Zip	02906	

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.

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

Name of Officer/Authorized Representative	Date
Kenneth A. Wise	FILED JUN 20 2018
Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE	Vol 333159

4:07

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615