



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

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

Annual Report for the year:
Non-Profit Corporation

2018

→ 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 000525847		2. Exact name of the Corporation Friends of Fox Point Library			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote Awareness, Use and Support of the Fox Point Library			
4. NAICS Code 813410					
6. Principal Office Address 90 Ives Street		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Shari Weinberger			Vice-President Name Nicoleth Baffoni		
Street Address 21 Rose Court			Street Address 520 Wickenden St #1		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
Secretary Name Norma Anderson			Treasurer Name Ken Wise		
Street Address 51 East George St			Street Address 6 Thayer St.		
City Providence	State RI	Zip 02906	City Providence	State RI	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 Nicoleth Baffoni		
Street Address 21 Rose Court			Street Address 520 Wickenden St #1		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
Director Name Norma Anderson			Director Name Ken Wise		
Street Address 51 East George St			Street Address 6 Thayer St		
City Providence	State RI	Zip 02906	City Providence	State RI	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 Ken Wise				Date JUN 20 2018	
Signature of Officer/Authorized Representative Ken Wise				SIGN DOCUMENT HERE FILED 333159 4.07	