



Department of State - Business Services Division

STAMP

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 27699		2. Exact name of the Corporation Friends of the Cumberland Public Library			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To raise funds to support the operating budget of the Cumberland Public Library.			
4. NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address 1464 Diamond Hill Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy Chaput			Vice-President Name Gwenn Lavoie		
Street Address 46 High Ridge Rd			Street Address 2970 Mendon Rd # 92		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Elaine Elliott			Treasurer Name Sally Wilbour		
Street Address 19 Will Croft			Street Address 34 Nancy Dr		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Paula Coogan			Director Name Cil Viens		
Street Address 20 Newman Ave #3205			Street Address 7 Holiday Ct		
City Rumford	State RI	Zip 02916	City Lincoln	State RI	Zip 02865
Director Name Terri Hale			Director Name Suzanne Parenteau		
Street Address 130 Bear Hill Rd #204			Street Address 37 Hazelwood St		
City Cumberland	State RI	Zip 02864	City Cranston	State RI	Zip 02910
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 Sally K Wilbour					Date 6/23/18
Signature of Officer/Authorized Representative Sally K Wilbour					SIGN DOCUMENT HERE FILED

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

JUN 28 2018

BY 312

Attachment to Department of State- Business Service Division- Annual Report for the year 2018

Continuation of the list of directors:

Barbara Sardy
220 Scott Rd
Cumberland RI 02864

Dee Ferrara
15 Waterman Farm Rd
Cumberland, RI 02864