



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

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 SECRETARY OF
 CORPORATIONS
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 PROVIDENCE, RI

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 000018786		2. Exact name of the Corporation Rhode Island Coalition of Library Advocates	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To support library services in Rhode Island	
4. NAICS Code 519120			
6. Principal Office Address P.O. Box 3777		City Cranston	State RI
		Zip 02918	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Cheryl McCarthy		Vice-President Name Sharon Wix	
Street Address 406 Corey Lane		Street Address 30 Card St	
City Middletown	State RI	Zip 02842	City Coventry
			State RI
			Zip 02816
Secretary Name Gale Eaton		Treasurer Name Neeltje Heerema	
Street Address 93 Willard Ave.		Street Address 47 Governor St., #3	
City Wakefield	State RI	Zip 02879	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 <input checked="" type="checkbox"/>			
Director Name Lisa Ashe		Director Name Howard Boksenbaum	
Street Address 138 Progress St.		Street Address 7 Field Lane	
City Pawtucket	State RI	Zip 02860	City Barrington
			State RI
			Zip 02806
Director Name Emmie Benoit		Director Name John Pucci	
Street Address P.O. Box 404		Street Address 179 Arad Ave	
City Narragansett	State RI	Zip 02882	City Cranston
			State RI
			Zip 02905
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 Neeltje Heerema			Date 6/28/18
Signature of Officer/Authorized Representative <i>Neeltje Heerema</i>			SIGN DOCUMENT HERE

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 29 2018
 P 333918
 BY

RI COALITION OF LIBRARY ADVOCATES
BOARD OF DIRECTORS

Lisa Ashe, 2019
138 Progress St.
Pawtucket, RI 02860
401-473-9500 (cell);
lisalee102160@gmail.com

Emilie Benoit, 2021
P.O. Box 404
Narragansett, RI 02882
401-792-0222; cbenoit@cox.net

Howard Boksenbaum, 2020
7 Field Lane
Barrington, RI 02806
401-595-5130 (M); benmeir@cox.net

John Bucci, 2020
179 Arnold Ave.
Cranston, RI 02905
jbucci1951@yahoo.com

Gale Eaton, Secretary
93 Willard Ave.
Wakefield, RI 02879
782-3547 (H); geaton@gmail.com

Neeltje Henneman, Treasurer
47 Governor St. #3
Providence, RI 02906
917-776-4858 (M); 383-1771 (H); 528-2142
(W); neeltjehenneman@wheelerschool.org

Ron Heroux, 2020
51 Bay Ridge Drive #5C
Middletown, RI 02842
frannie542@aol.com

Sharon Lux, Vice Chair / Chair Elect
30 Card St
Coventry, RI 02816

401-497-4657
sharon.lux@gmail.com

Cheryl McCarthy, Chair
406 Corey Lane
Middletown, RI 02842
401-339-2793 (cell); chermc@uri.edu

Karen Markin, 2021
128 Hundred Acre Pond Rd
West Kingston, RI 02892
caladium@hushmail.com

Robin Nyzio, 2021
57 Clyde Street
Pawtucket, RI 02860-5119
401-580-7315
robinnyzio@gmail.com

Steven Porter, 2020
63 Sawmill Road, Chepachet, RI 02814
(401) 949-5299
stevendawn90@verizon.net

Pnina Pressburger, 2019
77 Savoy St.
Providence, RI 02906
Pnina.pressburger@gmail.com

Joan Ress Reeves, COLA Chair Emerita
236 Freeman Parkway
Providence, RI 02906
272-7745 (H); jrreeves2@gmail.com

Rose Ellen Reynolds, COIA Chair Emerita
99 Post Road D-1
Warwick, RI 02888
941-0817; reareyn@verizon.net