RI SOS Filing Number: 201871461730 Date: 7/2/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2018

FILED

JUL 0 2 2018

Annual Report for the year:
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.

Entity ID Number	2 Event non	no of the Companie				
· ·		2. Exact name of the Corporation Langworthy Public Library				
000026249	Langw					
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
RI	Public librar	Public library serving the residents of Hope Valley, Hopkinton and residents of Rhode Island				
4. NAICS Code						
519120						
6. Principal Office Address			I City	10	I a:	
· · · · · · · · · · · · · · · · · · ·			City	State	Zip	
24 Spring Street			Hope Valley	RI	02832	
7. List ALL officers (names an				Check the box to ind	icate an attachment	
President Name Jacob Newsome			Vice-President Name Deborah House			
Street Address 25 Spring Street			Street Address 22 Spring Street			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Z _{IP} 02832	
Secretary Name Gabriella Harrington			Treasurer Name Donna Bodell			
Street Address 4 Harrington's Crossing			Street Address 172 Woodville Road			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832	
8. List ALL directors (names a	ind addresses). RI (Corporations MUST	list at least THREE directors.	Observation because the	····	
Director Name	 -		Director Name	Check the box to ind	cate an attachment	
Director Name Diane Lang			Director Name Dawn Romans			
Street Address 5 Garnet Lane			Street Address 390 Spring Street, P.O. Box 163			
City Hope Valley	State RI	^{Zip} 02832	City Rockville	State RI	Zip 02873	
Director Name Jennifer Schneider			Director Name			
Street Address 12 Teft Court			Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip	
9. Registered Agent in Rhode	Island. This informat	ion is currently of reco	ord in the Department of State. Cha	anges require filing Form 6	341.	
	leclare and affirm (that I have examin	ed this report, including any			
			Secretary, Treasurur, duly Authorized R	epresentative, Receiver or Tro		
Name of Officer/Authorized Re	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date		
Deborah House, Vice President				6/27/2018		

SICN COUNTY OF RE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov