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

FILED
JUL 02 2018
BY

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
000026249	Langworthy Public Library
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Public library serving the residents of Hope Valley, Hopkinton and residents of Rhode Island
4. NAICS Code: 519120	

6. Principal Office Address	City	State	Zip
24 Spring Street	Hope Valley	RI	02832

7. List ALL officers (names and addresses) — Check the box to indicate 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	Zip: 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 and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate 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 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
Deborah House, Vice President	6/27/2018

Signature of Officer/Authorized Representative
Deborah House SIGN 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

FORM 631 - Revised: 11/2017