



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000487017

2. Name of Corporation Providence Community Library

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

519120

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 9267

City or Town: PROVIDENCE

State: RI

Zip: 02940

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE, SUPPORT, ORGANIZE AND OR MANAGE A PUBLIC LIBRARY SYSTEM IN
THE CITY OF PROVIDENCE FOR THE BENEFIT OF THE COMMUNITY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LUCINDA WILMOT	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
TREASURER	ELLEN SCHWARTZ	441 PRAIRIE AVENUE PROVIDENCE, RI 02905 USA
SECRETARY	JOAN DAGLE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	ELENA CHIARADIO	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	ALTHEA GRAVES	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
VICE PRESIDENT	MATTHEW LAWRENCE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
GOVERNOR'S APPOINTEE	PAMELA VOGEL	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	AVITAL ROSENBERG CHATTO	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	KEN WISE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	ROCHELLE LEE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
MAYORAL STAFF APPOINTEE	GRACE DIAZ	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	DEBORAH SCHIMBERG	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
STAFF REPRESENTATIVE	JUDANNE HAMIDZADA	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
MAYORAL STAFF APPOINTEE	PATIENCE LANDFORD	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	ROBERT LIN	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	TONY AGUILAR	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	CHRISTINE KUE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	MARGARET GARDNER	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	MARK MCKENNEY	441 PRAIRIE AVE PROVIDENCE , RI 02905 USA
DIRECTOR	PATRICIA RAUB	441 PRAIRIE AVENUE, RI 02905 USA
DIRECTOR	DEBORAH DELGAIS	441 PRAIRIE AVE PROVIDENCE, RI 02905 US
DIRECTOR	KENDRA BREWSTER	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SARA HUBER 441 PRAIRIE AVENUE PROVIDENCE , RI 02905

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of August, 2018 at 3:40:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SARA HUBER
Signature of Authorized Person

Form No. 631
Revised 09/07

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