



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

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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2018 NOV 19 PM 3:32

1. Entity ID Number 000164897		2. Exact name of the Corporation Tiverton Library Foundation, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Library	
4. NAICS Code 813990			
6. Principal Office Address 34 Roosevelt Avenue		City Tiverton	State RI
		Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Stuart Horwitz		Vice-President Name	
Street Address 128 Abel Hart Lane		Street Address	
City Tiverton	State RI	City	State
Zip 02878		Zip	
Secretary Name		Treasurer Name Brenda C Nagle	
Street Address		Street Address 453 West De Mello Dr.	
City	State	City Tiverton	State RI
Zip 02878		Zip 02878	
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 Eileen Browning		Director Name Brenda C Nagle	
Street Address 98 Fieldstone Lane		Street Address 453 W De Mello Dr.	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Director Name Stuart Horwitz		Director Name	
Street Address 128 Abel Hart Lane		Street Address	
City Tiverton	State RI	City	State
Zip 02878		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 Brenda C Nagle Treas.			Date 11-19-18
Signature of Officer/Authorized Representative Brenda C Nagle			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

NOV 19 2018

BY IC779