



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.

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|--|---------------------|--|--------------------------|
| 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 | Zip: 02878 | |
| Secretary Name: | | Treasurer Name: Brenda C Nagle | |
| Street Address: | | Street Address: 453 West DeMello Dr. | |
| City: | State: | Zip: | |
| | | Tiverton | RI |
| | | 02878 | 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 DeMello Dr. | |
| City: Tiverton | State: RI | Zip: 02878 | |
| | | 02878 | 02878 |
| Director Name: Stuart Horwitz | | Director Name: | |
| Street Address: 128 Abel Hart Lane | | Street Address: | |
| City: Tiverton | State: RI | Zip: 02878 | |
| | | 02878 | |
| 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: Brenda C Nagle Treas. | | | Date: 11-19-18 |
| Signature of Officer/Authorized Representative: Brenda C Nagle | | | |

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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