



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

Annual Report for the year: - **2019**

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.

FILED

MAY 20 2019

BY 64028

1. Entry ID Number 139900		2. Exact name of the Corporation Friends of the Peace Dale Library	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO promote and further the mission of the Peace Dale Library	
4. NAICS Code 813319 - Other Social Adv			
6. Principal Office Address 1057 Kingstown Rd.		City Peace Dale	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Darla O'Keefe		Vice-President Name Elizabeth Monahan	
Street Address 14 Josephine Dr. Unit 8D		Street Address 723 Broad Rock Rd.	
City Charlestown	State RI	City Wakefield	State RI
Zip 02813		Zip 02879	
Secretary Name Laurie Smith		Treasurer Name Connie Beauregard	
Street Address 40 Oak Hill Rd.		Street Address 222 Sweet Allen Farm Rd.	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Catherine King		Director Name Mlm Berard	
Street Address Wakefield Rd.		Street Address 344 Chestnut Hill Rd	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Director Name Christie Getches		Director Name	
Street Address 30 Upper Farm Way		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative DARLA L O'KEEFE			Date
Signature of Officer/Authorized Representative <i>Darla L O'Keefe</i>			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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