



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 22 2019

BY

2129 DS

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.

1. Entity ID Number 72733		2. Exact name of the Corporation FRIENDS OF THE BROWNELL LIBRARY	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813110		SUPPORT FOR THE BROWNELL LIBRARY	
6. Principal Office Address PO BOX 523		City LITTLE COMPTON	State RI Zip 02837
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name DEE HOLIDAY		Vice-President Name PAT DILLON	
Street Address PO BOX 449		Street Address 53 WORDELL LANE	
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON State RI Zip 02837
Secretary Name JOAN CARSON		Treasurer Name STUART MORGAN	
Street Address PO BOX 1028		Street Address 50 SOUTH SHORE	
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON State RI Zip 02837
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name DEE HOLIDAY		Director Name PAT DILLON	
Street Address PO BOX 449		Street Address 53 WORDELL	
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON State RI Zip 02837
Director Name JOAN CARSON		Director Name STUART MORGAN	
Street Address PO BOX 1028		Street Address 50 SOUTH SHORE	
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON State RI Zip 02837
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 STUART MORGAN		Date MAY, 20, 2019	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	