



**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:** 2019

**1. Corporate ID No.** 000102983

**2. Name of Corporation** Friends of Rochambeau Branch, Inc.

**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

813219

**4. Corporate Address in Rhode Island**

No. and Street: 708 HOPE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

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**

THE PROMOTION OF CHARITABLE ACTIVITIES AND FUNDRAISING TO BENEFIT THE ROCHAMBEAU AVENUE LIBRARY.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	RACHEL LEWIN	281 ROCHAMBEAU AVE PROVIDENCE, RI 02906 USA
TREASURER	SHARON HENDRIKSEN	11 OLD TANNERY RD PROVIDENCE, RI 02906 USA
SECRETARY	RUTH BREINDEL BREINDEL	617 HOPE STREET PROVIDENCE, RI 02906 US
VICE PRESIDENT	MICHAEL MARCUS	35 EMELINE ST PROVIDENCE , RI 02906 USA
CORRESPONDING SECRETARY	JANA HESSER	130 DEXTERDALE ST PROVIDENCE , RI 02906 USA
EX OFFICIO	GREGORY WAKSMULSKI	14 NANCY ST PAWTUCKET, RI 02860 USA
DIRECTOR	MONICA SCHABERG	58 IRVING AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	KATHY ROURKE	37 6TH ST PROVIDENCE, RI 02906 USA
DIRECTOR	SHAI AFSAI	708 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ROBIN GOLDBERG	708 HOPE ST PROVIDENCE, RI 02906 USA
DIRECTOR	ISAIAH HECTOR	708 HOPE ST PROVIDENCE, RI 02906 USA
DIRECTOR	TOM MOROZ	708 HOPE ST PROVIDENCE, RI 02906 USA
DIRECTOR	KAREN ADAMEC	708 HOPE STREET PROVIDENCE, RI 02906 US
DIRECTOR	MARY GREENE	189 IVY PROVIDENCE, RI 02906 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**

RUI P ALVES, ESQ. 708 HOPE STREET PROVIDENCE , RI 02906

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

**Signed this 27 Day of June, 2019 at 10:50:02 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 MONICA J SCHABERG  
 Signature of Authorized Person

Revised 09/07

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