



RI SOS Filing Number: 201908800190 Date: 7/31/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ 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 000525847		2. Exact name of the Corporation Friends of Fox Point Library			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote Awareness, Use and Support of the Fox Point Library			
4. NAICS Code 813410					
6. Principal Office Address 90 Ives Street		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shari Weinberger			Vice-President Name Not Applicable		
Street Address 21 Rose Court			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Norma Anderson			Treasurer Name Ken Wise		
Street Address 51 East George Street			Street Address 6 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Shari Weinberger			Director Name Ken Wise		
Street Address Same As Above			Street Address Same as Above		
City	State	Zip	City	State	Zip
Director Name Norma Anderson			Director Name		
Street Address Same As Above			Street Address		
City	State	Zip	City	State	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 Kenneth L. Wise					Date 7/29/2019
Signature of Officer/Authorized Representative					

FILED

SIGN DOCUMENT HERE

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