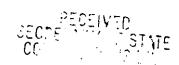
Date: 7/31/2019 4:00:00 PM RI SOS Filing Number: 201908800190



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 **Non-Profit Corporation** 



2819 JUL 31 PM 4: 2!

→ Filing period June 1 - June 30

→ Filing Fee \$20 00

→ Penalty Additional \$25.00 fe	e it form is not file	ed by July 30				
Entity ID Number		2. Exact name of the Corporation				
000525847	Fr	iends of	For Point Libr	Ers		
3 State of Incorporation	5. Brief de:	Brief description of the character of business conducted in Rhode Island				
121	100	Permote Ameriness, Useand Support				
4 NAICS Code	7 01	The Fox	Point Library	٠ -		
813410	1			1		
6. Principal Office Address			City	State	Zip	
90 lucs Street			Providence	RI	02906	
7. List ALL officers (names and	addresses)			Check the box to inc	licate an attachment	
President Name  Sheri Wein berger			Vice-President Name			
Street Address 21 Rose Court			Street Address			
City_	State	Zıp	City	State	Zıp	
Providence	21	02906	J. J			
Secretary Name Normana Audurson			Treasurer Name  Kew Wisk			
Street Address East George Street			Street Address Than er Street			
City Providence	State 2.1	Zip 2906	City	State 1	21p 02906	
8 List ALL directors (names an	d addresses). R		list at least THREE directors.	1-1-		
	_		I B	Check the box to inc	dicate an attachment L	
Director Name  Sheri Weinberger			Director Name  Wire Wike			
Street Address Same As Above			Street Address Seme as Above			
City	State	Zip	City	State	Zıp	
Director Name	الم زوك		Director Name		<sup>_</sup>	
Street Address	Δ. Δ	A	Street Address	<del>-</del>	-	
City %	State	Zip	City	State	Zıp	
Registered Agent in Rhode Is	l sland This inform	ation is currently of reco	I lead in the Department of State Change	<u> </u>	L	
		· · · · · · · · · · · · · · · · · · ·	ed this report, including any ac			
statements, and that all state			· <del> · · · · · · · · · · · · · · · ·</del>			
		sident, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repre	<del></del>	rustee	
Name of Officer/Authorized Representative				7/29/2019		
Signature of Officer/Authorized	Representative			1 * /		
		510 <b>.1</b> 100	UVENT HERE JUL <b>3.1.2019</b>			
		<del></del>	. Az			

MAIL TO:

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

Phone: (401) 222-3040 Website: www sos ri.gov