



**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:** 2020

**1. Corporate ID No.** 000026651

**2. Name of Corporation** East Smithfield Public Library

**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

519120

**4. Corporate Address in Rhode Island**

No. and Street: 50 ESMOND STREET

City or Town: SMITHFIELD

State: RI

Zip: 02917

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**

TO OPERATE AND PROVIDE THE SERVICES OF A PUBLIC 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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.*

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | WARD HARRISON                                  | 86 DEAN AVE.<br>SMITHFIELD, RI 02917 USA                   |
| TREASURER      | PAULA BLACKMORE                                | 223 OLD COUNTY RD.<br>SMITHFIELD, RI 02917 USA             |
| SECRETARY      | LUIGIA SOLDA                                   | 3 LORI ELLEN DR.<br>SMITHFIELD, RI 02917 USA               |
| VICE PRESIDENT | MELISSA MORONI                                 | 1 EAST PROSPECT ST.<br>SMITHFIELD, RI 02917 USA            |
| DIRECTOR       | ELIZABETH MEADE                                | 48B PHEASANT RUN<br>SMITHFIELD, RI 02917 US                |
| DIRECTOR       | MARY COSTELLO                                  | 4 RIMWOOD DR.<br>SMITHFIELD, RI 02917 USA                  |
| DIRECTOR       | SHERI VIERA                                    | 212 FARNUM PIKE<br>SMITHFIELD, RI 02917 USA                |
| DIRECTOR       | MARY BRENNAN                                   | 5 HAVEN ST.<br>SMITHFIELD, RI 02917 USA                    |
| DIRECTOR       | BARBARA BOURGERY                               | 11 EISENHOWER DR.<br>SMITHFIELD, RI 02917 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**

CYNTHIA A. CHRISTIE DE MUHLBACH 50 ESMOND STREET SMITHFIELD , RI 02917

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

**Signed this 2 Day of June, 2020 at 2:45:58 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 C. MUHLBACH  
 Signature of Authorized Person

Form No. 631  
 Revised 09/07