



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 21 P 3:04 PM

1. Entity ID Number 920013		2. Exact name of the Corporation Friends of Jesse M Smith Library	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising to support programs and activities at the Jesse Smith Library that are not covered under the library's operating budget.	
4. NAICS Code 813110 - Religious Organization ☐			
6. Principal Office Address 100 Tinkham Lane		City Harrisville	State RI Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Wendy Andrews		Vice-President Name Anita Hurley-Diez	
Street Address 505 Mount Pleasant Road		Street Address 160 Central Street	
City Harrisville	State RI	City Harrisville	State RI
Zip 02830		Zip 02830	
Secretary Name Dawn Williams		Treasurer Name Michael Lamoureux	
Street Address 415 South Main Street		Street Address 608 Camp Dixie Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Wendy Andrews		Director Name Anity Hurley-Diez	
Street Address 505 Mount Pleasant Road		Street Address 160 Central Street	
City Harrisville	State RI	City Harrisville	State RI
Zip 02830		Zip 02830	
Director Name Dawn Williams		Director Name Michael Lamoureux	
Street Address 415 South Main Street		Street Address 608 Camp Dixie Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Wendy Andrews			Date 5/18/21
Signature of Officer/Authorized Representative <i>Wendy Andrews</i>			FILED

MAY 21 2021

3.04
BY *[Signature]*
FORM 631 - Revised: 08/2020