



**State of Rhode Island
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: 2021

1. Corporate ID No. 000145979

2. Name of Corporation NORTH SMITHFIELD PUBLIC LIBRARY ENDOWMENT FUND, 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

4. Principal Office Address

No. and Street: 20 MAIN STREET

P.O. BOX 950

City or Town: SLATERSVILLE

State: RI

Zip: 02876

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO CREATE A SINGLE TRUST FOR THE FURTHERANCE OF THE PURPOSES OR THE OBJECT OF ANY CHARITABLE, EDUCATIONAL OR OTHER PURPOSE, OBJECT, MOVEMENT OR INSTITUTION APPROVED BY THE BOARD OF DIRECTORS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALISON PEIRCE	65 GREAT ROAD NORTH SMITHFIELD, RI 02896 USA
TREASURER	KEN THOMPSON	2 JEFFERSON RD NORTH SMITHFIELD, RI 02896 US
VICE PRESIDENT	PAUL DUPUIS	86 TAYLOR DR. NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	ARAM JARRET JR.	PO BOX 954 SLATERSVILLE, RI 02876 USA
DIRECTOR	WILLIAM O CONNELL	MAPLE ST. NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	ANGELA PUGLIESE	91 GREAT RD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MISTY SOLY	1435 IRON MINE HILL RD NORTH SMITHFIELD, RI 02896 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SUSAN DUBOIS 801 BROOKHAVEN LN WOONSOCKET , RI 02895

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

Signed this 11 Day of June, 2021 at 1:44:20 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 SUSAN DUBOIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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