



**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.** 000487017

**2. Name of Corporation** Providence Community 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

**4. Principal Office Address**

No. and Street: P.O. BOX 9267  
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 441 PRAIRIE AVE  
City or Town: PROVIDENCE State: RI Zip: 02905 Country: UNI

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

TO PROMOTE, SUPPORT, ORGANIZE AND OR MANAGE A PUBLIC LIBRARY SYSTEM IN THE CITY OF PROVIDENCE FOR THE BENEFIT OF THE COMMUNITY

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA RAUB	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
TREASURER	PAMELA VOGEL	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
SECRETARY	ROCHELLE LEE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
VICE PRESIDENT	ANTONIO AGUILAR	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	AVITAL ROSENBERG CHATTO	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
MAYORAL STAFF APPOINTEE	JORDAN DAY	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
STAFF REPRESENTATIVE	JOSEPH MORRA	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
MAYORAL STAFF APPOINTEE	LAJUAN ALLEN	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
CITY COUNCIL APPOINTEE	ANDRE HERRERA	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
CITY COUNCIL APPOINTEE	CALEB HORTON	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
MAYORAL APPOINTEE	SARAH MORENON	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
MAYORAL APPOINTEE	V RAFFINI	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	ZACHARY WEINBERGER	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	KENDRA BREWSTER	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	TIM MOROZ	441 PROVIDENCE, RI 02905 USA
DIRECTOR	ADRIANA VARGAS	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	LYNN ZAGOUDIS-EASTRIDGE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	LUCINDA WILMOT	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	DEBORAH DELGAIS	441 PRAIRIE AVE PROVIDENCE, RI 02905 US
DIRECTOR	JOAN DAGLE	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	ANITA BENCH	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	JEAN LAMB	441 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	PAIGE RAPOSA	441 PRAIRIE AVE PROVIDENCE, RI 02905 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**

SARA HUBER 441 PRAIRIE AVENUE PROVIDENCE , RI 02905

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

**Signed this 14 Day of June, 2021 at 11:59:53 AM 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 SARA HUBER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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