



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.

FILED

JUN 17 2021

BY 1023

1. Entity ID Number 001693175		2. Exact name of the Corporation Love Your Library			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Advocacy for new library in Narragansett, RI			
4. NAICS Code 813990					
6. Principal Office Address 8 Vanderbilt Drive		City Narragansett		State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Nancy DeNuccio			Vice-President Name		
Street Address 8 Vanderbilt Drive			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Penny Lippe			Treasurer Name		
Street Address 102 South Bay Drive			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Phillipe Cote			Director Name Penny Lippe		
Street Address 109 Westmoreland Street			Street Address 102 South Bay Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name James DeNuccio			Director Name		
Street Address 8 Vanderbilt Drive			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
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 Nancy A DeNuccio				Date 06/07/2021	
Signature of Officer/Authorized Representative NDeNuccio					

MAIL TO:
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