RI SOS Filing Number: 202198780490 Date: 6/28/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2021

JUN 2 3 2021

FILED-

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

| 1. Entity ID Number 2. Exact name of the Corporation Friends of the EAST Smithcield Public Library | | | | | |
|--|--|--|--|--------------------------|--|
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | |
| | · · | | | | |
| | Fundraising for a public Library | | | | |
| 4. NAICS Code | | • | | | |
| 813319 | | | , <u></u> | T | |
| 6. Principal Office Address 50 Esmand S | street | Smithfield | State R.T. | 2ip 02917 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | |
| President Name (A: Hierine | Lynn | Vice-President Name Charlot | te Tayk | or | |
| Street Address 24 Inter | vale Road | Street Address 38 Esma | nd Street | et | |
| city Smithaeld | State Zip 2917 | city Smithateld | State RIT | zi82917 | |
| Secretary Name Carol Fe | rranti | Treasurer Name Ann F | erri | | |
| Street Address 7 Wolf H | 7 Wolf Hill Road Street Address 21 Whipple AVEO | | | | |
| city Smithfield | State RI Zip 02917 | city Smithweld | State PI | 71PQ2917 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | |
| Director Name Coutherine | Lynn | Director Name (arol Fer | ranti | | |
| | | 1 | | j. | |
| | Vale Road | Street Address 7 Wolf F | till Road | <u>d</u> | |
| | Vale Road | 1 WOLF 1 | h"II Road State RI | 2 ² 02917 | |
| City 5 mithgreld Director Name Charlotte | Vale Road State KI Zipoz917 | City Smithsield Director Name | Ct-t- | | |
| City 5 mithgrield Director Name | Vale Road State RI Zipoz917 = Taylor rol Street | City Smithsteld Director Name Ann Fe Street Address 21 Whipp | State RI | ²¹ 62917 | |
| City 5 mithfield Director Name Charlotte | Vale Road State KI Zipoz917 = Taylor | Director Name Ann Fe | State RI | | |
| Street Address 24 Inter City Smithfield Director Name Charlo He Street Address 38 Esmon City Smithfield | Vale Road State KI ZipoZ917 = Taylor rol Street State KI ZipoZ917 | City Smithsield Director Name Ann Fe Street Address 21 Whipp) | State RI Pri Ave. State RI | ²¹ 62917 | |
| Street Address 24 Inter City Smithfield Director Name Charlo He Street Address 38 Esmon City Smithfield 9. The Registered Agent information Under penalty of perjury, I declar | Vale Road State RI Zipoz917 Taylor Tol Street State RI Zipoz917 of record with the RI Department of | City Smith dield Director Name Street Address City Smith dield City Smith dield f State is accurate. Changes require this report, including any accomp | State RI Pri E Ave. State CI filing Form 641. | zipo 2917 | |
| Street Address 24 Inter City 5 mithfield Director Name Charlo He Street Address 38 Esmon City 5 mithfield 9. The Registered Agent informatio Under penalty of perjury, I declar statements, and that all statements | State KI Zip 02917 Taylor State KI Zip 02917 State KI Zip 02917 In of record with the RI Department of the and affirm that I have examined into contained herein are true and of the contained h | City Smith dield Director Name Street Address City Smith dield City Smith dield f State is accurate. Changes require this report, including any accomp | State RI E Ave. State CI filing Form 641. anying schedule | Zip 2917 Zip 2917 | |
| Street Address 24 Inter City 5 Mithelel Director Name Charlo He Street Address 38 Esmon City 5 Mithelel 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Pres Name of Officer/Authorized Repres | State RI ZipOZ917 E Taylor State RI ZipOZ917 State RI ZipOZ917 In of record with the RI Department of the and affirm that I have examined into contained herein are true and sudent, vice-President, Secretary, Assistant Secretarity | City Smiths'eld Director Name Ann Fe Street Address J Whipp) City Smiths'eld of State is accurate. Changes require this report, including any accompany | State RI E Ave. State CI filing Form 641. anying schedule | Zip 2917 Zip 2917 as and | |
| Street Address 24 Inter City 5 Mithfield Director Name Charlo He Street Address 38 Esmon City 5 Mithfield 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Pres | State RI ZipoZ917 E Taylor State RI ZipoZ917 State RI ZipoZ917 In of record with the RI Department of reand affirm that I have examined into contained herein are true and existent vice-President, Secretary, Assistant Secretarity Record Report Record | City Smiths'eld Director Name Ann Fe Street Address J Whipp) City Smiths'eld of State is accurate. Changes require this report, including any accompany | State RI EAVE. State CI filing Form 641. canying schedule we, Receiver or Irustee Date | Zip 2917 Zip 2917 as and | |
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov