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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 23 2021
BY 297

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.

1. Entity ID Number	2. Exact name of the Corporation
000119368	Friends of the EAST Smithfield Public Library
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: Fundraising for a public Library
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
50 Esmond Street	Smithfield	R.I.	02917

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Catherine Lynn			Vice-President Name: Charlotte Taylor		
Street Address: 24 Intervale Road			Street Address: 38 Esmond Street		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Carol Ferranti			Treasurer Name: Ann Ferri		
Street Address: 7 Wolf Hill Road			Street Address: 21 Whipple AVE.		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Catherine Lynn			Director Name: Carol Ferranti		
Street Address: 24 Intervale Road			Street Address: 7 Wolf Hill Road		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Director Name: Charlotte Taylor			Director Name: Ann Ferri		
Street Address: 38 Esmond Street			Street Address: 21 Whipple Ave.		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

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	Date
CAtherine LYNN	6/25/2021

Signature of Officer/Authorized Representative: Catherine Lynn

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020