



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
STAMP**
SEP 21 2021
BY WWS

1 Entity ID Number 000026071		2 Exact name of the Corporation The William H Hall Free Library					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Free Public Library					
4. NAICS Code 813219 - Other Grantmaking &							
6. Principal Office Address 1825 Broad Street				City Cranston		State RI	Zip 02905
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Jeffrey Lanphear				Vice-President Name Jeff Jefferson			
Street Address 95 Shaw Ave				Street Address 41 Strathmore Road			
City Cranston		State RI	Zip 02905		City Cranston		State RI
						Zip 02905	
Secretary Name Mary Harty				Treasurer Name William Baddeley			
Street Address 57 Ferncrest				Street Address 1563 Narragansett Blvd			
City Cranston		State RI	Zip 02905		City Cranston		State RI
						Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Thomas Barbieri				Director Name Michael Butler			
Street Address 3 Circuit Ave.				Street Address 16 Hall Place			
City Cranston		State RI	Zip 02905		City Cranston		State RI
						Zip 02905	
Director Name William Caldwell				Director Name Kathleen Duffy			
Street Address 84 Massasoit Ave				Street Address 16 Harbour Terrace			
City Cranston		State RI	Zip 02905		City Cranston		State RI
						Zip 02905	
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.							
<i>This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative Receiver or Trustee</i>							
Name of Officer/Authorized Representative William Baddeley						Date 16 September 2021	
Signature of Officer/Authorized Representative 							

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