



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

SEP 30 2021 STAMP

BY 237

**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 <b>27699</b>		2. Exact name of the Corporation <b>Friends of the Cumberland Public Library</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To raise funds to support the operating budget of the Cumberland Public Library.			
4. NAICS Code 813219 - Other Grantmaking <input type="checkbox"/>					
6. Principal Office Address 1464 Diamond Hill Road		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name Nancy Chaput			Vice-President Name Suzanne Parenteau		
Street Address 46 High Ridge			Street Address 37 Hazelwood St		
City Cumberland	State RI	Zip 02864	City Cranston	State RI	Zip 02910
Secretary Name Elaine Elliot			Treasurer Name Sally Wilbour		
Street Address 19 Will Croft			Street Address 34 Nancy Dr		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name Paula Coogan			Director Name Julie Newton		
Street Address 20 Newman Ave			Street Address 24 Lonesome Pine		
City Rumford	State RI	Zip 02916	City Cumberland	State RI	Zip 02864
Director Name Terri Hale			Director Name Dee Ferrara		
Street Address 130 Bear Hill Rd			Street Address 15 Waterman Farm Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Sally R Wilbour				Date 09/28/21	
Signature of Officer/Authorized Representative <i>Sally R Wilbour</i>					

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

**Attachment to Department of State – Business Services Division – Annual Report for year 2021**

**Entity ID 27699**

**Friends of the Cumberland Public Library**

**Joanne Celona**

**58 Fitzhugh St**

**N Providence RI**

**Denise Lavallee**

**15 Mowry Ave**

**Cumberland RI 02864**

**Jeanne Marshalek**

**10 Arnold Mills Rd**

**Cumberland RI 02864**

**Lori Vaudry**

**154 Colonial Ave**

**Cumberland RI 02864**