



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation _____

- Filing period: February 1 - May 1
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED
FEB 09 2022
BY

1. Entity ID Number <u>139900</u>		2. Exact name of the Corporation Friends of the Peace Dale Library			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote and further the mission of the Peace Dale Library			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 1057 Kingstown Rd		City Peace Dale	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darla O'Keefe			Vice-President Name Elizabeth Monohan		
Street Address 14 Josephine Dr. Unit 8D			Street Address 723 BraodRock Rd		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
Secretary Name Laurie Smith			Treasurer Name Christie Gethches		
Street Address 40 Oak Hill Rd			Street Address 30 Upper Farm Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Connie Beauregard			Director Name Chatherin King		
Street Address 222 Sweet Allen Farm Rd			Street Address Wakefield RD		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Mim Berard			Director Name		
Street Address 344 Chestnet Hill Rd			Street Address		
City Wakefield	State RI	Zip 02879	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.					
<small>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative DARLA L. O'KEEFE				Date 02-03-2022	
Signature of Officer/Authorized Representative 					

MAIL TO:
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