



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

STAMP

APR 25 2022

BY

1. Entity ID Number 001721141		2. Exact name of the Corporation Friends of the Kingston Free Library			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide support & assistance to the Kingston Free Library in its service to the public of all ages. Shall include materials & services in cooperation with Kingston Free Library staff to supplement those provide by the Town of SK.			
4. NAICS Code 813211 - Grantmaking Found <input checked="" type="checkbox"/>					
6. Principal Office Address 2605 Kingstown Road		City Kingston		State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth McNab			Vice-President Name Ann Rheault		
Street Address 141 Cherry Rd			Street Address 1121 Mooresfield Rd		
City Kingston	State RI	Zip 02881	City Wakefield	State RI	Zip 02879
Secretary Name none			Treasurer Name Mary Ann Comstock		
Street Address			Street Address 40 Orchard Ave		
City	State	Zip	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 Donna McBurney			Director Name Mary Daley		
Street Address 16 Parkwood Dr			Street Address 141B Laurel Lane		
City Kingston	State RI	Zip 02881	City West Kingston	State RI	Zip 02892
Director Name Suzanne Pleskunas			Director Name none		
Street Address 685 Congdon Hill Rd			Street Address		
City Saunderstown	State RI	Zip 02874	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.					
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 Mary Ann Comstock				Date 4/21/2022	
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

FORM 631 - Revised: 11/2021