



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FEB 03 2023
 1059 [Signature]

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

1. Entity ID Number 000080372		2. Exact name of the Corporation The Cumberland Library Fund, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Secure contributions to support the needs of the Cumberland Public Library			
4. NAICS Code 813219 - Other Grantmaking and					
6. Principal Office Address 1464 Diamond Hill Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric Listenfelt			Vice-President Name Leonetta Tanguay		
Street Address 388 Vose Street, Unit 3			Street Address 145 Myrtle Street		
City Woonsocket	State RI	Zip 02895	City Wrentham	State MA	Zip 02093
Secretary Name Nancy Chaput			Treasurer Name Susan Rebelo		
Street Address 46 High Ridge Drive			Street Address 331 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Martha Correia			Director Name Lynne Daigneault		
Street Address 237 W. Wrentham Road			Street Address 52 Ferncrest Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Celeste Dyer			Director Name Heather Boyce		
Street Address 65 Rebecca Street			Street Address 411 Laurel Hill Ave. 2R		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
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 Eric Listenfelt					Date 1/31/23
Signature of Officer/Authorized Representative 					

MAIL TO:
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