	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River Street			
100	Providence RI 029			
1030	(401) 222-30	40		
Non-Profit Corporation				
Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pr				
penalty fee of \$25.00.	3			
1. Corporate ID No. 00074				
2. Name of Corporation Adams Public Library				
3. State of Incorporation				
State: <u>RI</u>				
ARTICLE III				
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kr	dropdown will	
NAICS Code				
<u>624190</u>				
4. Principal Office Address				
No. and Street: 205 CEN	TRAL STREET			
		te: <u>RI</u> Zip: <u>02863</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island	I	
PROVIDING INFORMATIO	ON AND OTHER LIBRAR	Y SERVICES TO T	HE PUBLIC	
6. Names and Addresses of the Officers and Directors:				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name		ress	
<u> </u>	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country	

PRESIDENT	JASON CHOPOORIAN	1564 LONSDALE AVE. LINCOLN, RI 02865 USA
SECRETARY	LEE SMITH	PO BOX 413 HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	SERGIO PAEZ	46 NEWTON ST LEOMINSTER, MA 01453 USA
DIRECTOR	CINDY MUHLBACH	118 WOODVILLE RD HOPE VALLEY, RI 02832 USA
DIRECTOR	ZULEYMA GOMEZ	100 HADWIN ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	TRACEY GIRON	156 SHAWMUT AVE CENTRAL FALLS, RI 02863 USA
DIRECTOR	JANICE ARGENTIERI	56 BALDWIN ST EAST PROVIDENCE, RI 02914 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JENNIFER FOURNIER, ESQ. 205 CENTRAL STREET CENTRAL FALLS , RI 02863

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of March, 2023 at 4:15:14 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DIANA M CARVALHO

Signature of Authorized Person

Form No. 631 Revised 09/07

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