



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Non-Profit Corporation

→ Filing period: February 1 - May 1

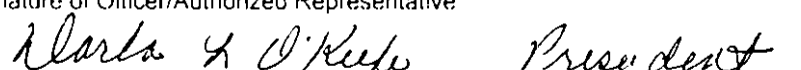
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

**FILED**

MAR 31 2023

BY 

1. Entity ID Number 000139900		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					
6. Principal Office Address 1057 Kingstown Rd.		City Peace Dale		State RI	Zip 02879
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Darla O'Keefe			Vice-President Name Elizabeth Monohan		
Street Address 14 Josephine Dr. Unit 8D			Street Address 723 Broadrock Rd.		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
Secretary Name Laurie Smith			Treasurer Name Vacant (President acting until new appointment)		
Street Address 40 Oak Hill Rd.			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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 type="checkbox"/></span>					
Director Name Laurel Clark			Director Name Karyn Leahy		
Street Address 173 Welfare Ave			Street Address 50 Skunk Hill Road		
City Warwick	State RI	Zip 02888	City Hope Valley	State RI	Zip 02832
Director Name Mim Berard			Director Name		
Street Address 344 Chestnut 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.					
<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>					
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 DARLA L. O'KEEFE, PRESIDENT				Date 3/28/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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