	State of Rhode		Fee: \$20.00	
	Office of the Secreta	-		
	Division Of Busines			
	148 W. River S Providence RI 029			
7636	(401) 222-30			
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	y 1			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR - EN	ITER THE <u>CURRENT</u> FILING `	YEAR 2023 : <u>2023</u>		
1. Corporate ID No. 0005	88241			
2. Name of Corporation PROVIDENCE BOOKS THROUGH BARS INCORPORATED				
3. State of Incorporation				
State: <u>RI</u>				
	ARTICLE III			
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further a	ch your entity engages. The d on the chosen selection. If	box to the right of the dropdo the NAICS Code is known, e	own will	
NAICS Code				
<u>813319</u>				
4. Principal Office Address				
No. and Street: 65 UNIT	VERSITY AVE			
City or Town: <u>PROVI</u>		: <u>RI</u> Zip: <u>02906</u> Coun	try: <u>USA</u>	
5. Brief Description of the Cl	naracter of the Affairs Condu	ucted in Rhode Island		
TO SEND BOOKS AND O	THER EDUCATIONAL M	ATERIALS TO PRISONE	<u>RS</u>	
NATIONWIDE AND RELA	TED SERVICES			
6. Names and Addresses of	the Officers and Directors:			
All Directors and Officers m Island Corporation shall not		he number of DIRECTORS of	a Rhode	
Title	Individual Name	Address		

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	TARA EMSLEY	65 UNIVERSITY PROVIDENCE, RI 02906 USA	
TREASURER	TARA EMSLEY	65 UNIVERSITY PROVIDENCE, RI 02906 USA	
SECRETARY	THERESE ZINK	8 LONGMEADOW AVE WARWICK, RI 02889 USA	
VICE PRESIDENT	TIMOTHY LEHNERT	137 BLACKAMORE AVE CRANSTON, RI 02910 USA	
DIRECTOR	TIMOTHY LEHNERT	137 BLACKAMORE AVE CRANSTON, RI 02910 USA	
DIRECTOR	TARA EMSLEY	65 UNIVERSITY AVENUE PROVIDENCE, RI 02906 USA	
DIRECTOR	THERESE ZINK	8 LONGMEADOW AVE WARWICK, RI 02889 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

TARA EMSLEY 65 UNIVERSITY AVENUE PROVIDENCE , RI 02906

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

Signed this 1 Day of May, 2023 at 11:50:37 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 <u>TARA EMSLEY</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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