RI SOS Filing Number: 202336591030 Date: 6/5/2023 10:55:00 AM

State of Rhode Island

Department of State - Business Services Division

2023

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2023 JUN -5 AM 10: 52

Annual Report for the year: **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

| Prenary Additional \$25.00 lee | - I totti is not nieo | uy iviay 31. | | | |
|---|--|-----------------------------|---|--------------------------|----------------------|
| Entity ID Number | 2. Exact name of the Corporation | | | | |
| 000111883 | North Providence Union Free Library Foundation | | | | |
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | Philanthropic organization established to create an endowment which would | | | | |
| 4. NAICS Code | serve as a source of revenue to support & enhance the town's public library. | | | | |
| 624190 | | | •• | • | , |
| 6. Principal Office Address | | | City | State | Zip |
| 1810 Mineral Spring Avenue | | | North Providence | RI | 02904 |
| 7. List ALL officers (names and addresses) | | | Check the box to indicate an attachment | | |
| President Name Dorothy Swain | | | Vice-President Name Kevin Maher | | |
| Street Address 52 Atlantic Blvd | | | Street Address 36 John Street | | |
| City North Providence | State RI | ^{Zip} 02911 | ^{Crty} North Providence | State RI | ^{Zip} 02904 |
| Secretary Name Michelle Mamis | | | Treasurer Name Lyslie DeMeo | | |
| Street Address 7 Conifer Drive | | | Street Address 41 Byron Street | | |
| City North Providence | State RI | ^{Zip} 02904 | City North Providence | State RI | ^{Zip} 02911 |
| 8. List ALL directors (names and a | iddresses). RI C | Corporations MUST | list at least THREE directors. | Check the box to indi- | cate an attachment |
| Director Name Dorothy Swain | | | Director Name Kevin Maher | | |
| Street Address 52 Atlantic Blvd | | | Street Address 36 John Street | | |
| City North Providence | State RI | ^{Zip} 02911 | City North Providence | State RI | ^{Zip} 02904 |
| Director Name Michelle Mamis | | | Director Name Lyslie DeMeo | | |
| Street Address 7 Conifer Drive | | | Street Address 41 Byron Street | | |
| ^{City} North Providence | State RI | ^{Zip} 02904 | City North Providence | State RI | ^{Zip} 02911 |
| 9. The Registered Agent information | on of record with | n the RI Department | of State is accurate. Changes req | uire filing Form 64 | 1. |
| Under penalty of perjury, I decia statements, and that all stateme | | | d this report, including any acco d correct. | ompanying sched | ules and |
| This report must be signed by either the Pro | sident Vice-Preside | ent. Secretary, Assistant S | ecretary Treasurer, duly Authorized Represe | ntalive, Receiver or Tru | stee |
| Name of Officer/Authorized Repre Dorothy J. Swain | / | | Date | 21/22 | |
| Signature_of Officer/Authorized Re | presentative | / | | | 10/23 |
| FILED FILED | | | | | |
| MAIL TO: | 10 | | JUN 5 2023 | 6 | |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

10:55

BY XI KS JCT

Attachment to Form 631

Annual Report for the year: 2023

Directors:

Rebekah Schnell

64 Atlantic Blvd.

North Providence, RI 02911 ·