



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2024

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.

JAN 26 2024  
1058  
[Signature]

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			
6. Principal Office Address 1464 Diamond Hill Road		City Cumberland	State RI
		Zip 02864	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Eric Listenfelt		Vice-President Name Leonetta Tanguay	
Street Address 1023 Providence Pike		Street Address 145 Myrtle Street	
City Danielson	State CT	City Wrentham	State MA
Zip 06239		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	City Cumberland	State RI
Zip 02864		Zip 02864	
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 Martha Correia		Director Name Lynne Daigneault	
Street Address 237 W. Wrentham Road		Street Address 52 Ferncrest Drive	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Director Name Celeste Dyer		Director Name Heather Boyce	
Street Address 65 Rebecca Street		Street Address 411 Laurel Hill Avenue	
City Coventry	State RI	City Cranston	State RI
Zip 02816		Zip 02920	
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>			
<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 Nancy Chaput			Date 1/22/2024
Signature of Officer/Authorized Representative NANCY CHAPUT			

MAIL TO:

Division of Business Services

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