



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIOS BSD
24 JAN 31 AM 11:03:10

1. Entity ID Number 30585		2. Exact name of the Corporation Union Public Library Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintenance of public library building, its grounds, and its collection of materials. Principal fundraiser - annual book sale.	
4. NAICS Code 812990			
6. Principal Office Address 3832 Main Road		City Tiverton	State RI
		Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kathy Batchelor		Vice-President Name Kristen Lima	
Street Address 228 Hayden Avenue		Street Address 345 Hancock Street	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Secretary Name Gayle Lawrence		Treasurer Name Diane Cacase	
Street Address 108 Long Pasture Way		Street Address 20 Bonniefield Drive	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Karen Tourjee		Director Name Lynn Perrault	
Street Address 299 Stone Church Road		Street Address 99 Neck Road	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Director Name Barbara Martin		Director Name Maureen Morrow	
Street Address 313 Neck Road		Street Address 47 Peaceful Way	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
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 Kathy Batchelor			Date 1-29-24
Signature of Officer/Authorized Representative <i>Kathy Batchelor</i>			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 31 2024

BY *SMVXW* *PS*