



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.

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1. Entity ID Number <b>30585</b>	2. Exact name of the Corporation <b>Union Public Library Association</b>		
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>Maintenance of public library building, its grounds, and its collection of materials. Principal fundraiser - annual book sale.</b>		
4. NAICS Code <b>812990</b>			

6. Principal Office Address <b>3832 Main Road</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Kathy Batchelor</b>			Vice-President Name <b>Kristen Lima</b>		
Street Address <b>228 Hayden Avenue</b>			Street Address <b>345 Hancock Street</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>Gayle Lawrence</b>			Treasurer Name <b>Diane Cacase</b>		
Street Address <b>108 Long Pasture Way</b>			Street Address <b>20 Bonniefield Drive</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Karen Tourjee</b>			Director Name <b>Lynn Perrault</b>		
Street Address <b>299 Stone Church Road</b>			Street Address <b>99 Neck Road</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Director Name <b>Barbara Martin</b>			Director Name <b>Maureen Morrow</b>		
Street Address <b>313 Neck Road</b>			Street Address <b>47 Peaceful Way</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>

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 <b>Kathy Batchelor</b>	Date <b>1-29-24</b>
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Signature of Officer/Authorized Representative *Kathy Batchelor* FILED