|   | State of Rhode<br>Office of the Secreta                      |  | Fee: \$20.00    |  |
|---|--|--|-----------------|--|
|   | <b>Division Of Busines</b>                                   | s Services                                   |                 |  |
|   | 148 W. River S   | treet  |                 |  |
|   | Providence RI 029  |  |                 |  |
| 7636  | (401) 222-30   | 40   |                 |  |
| Non-Profit Corporation  |  |  |                 |  |
| Annual Report   |  |  |                 |  |
| Filing Period: February 1 - May   | 1  |  |                 |  |
| In accordance with R.I.G.L. 7-6<br>annual report within the time pr<br>penalty fee of \$25.00.  | · · · · · · · · · · · · · · · · · · ·                        |  |                 |  |
| ANNUAL REPORT YEAR - EN   | TER THE CURRENT YEAR <b>2</b>                                | <b>024</b> : <u>2024</u>                     |                 |  |
| 1. Corporate ID No. <u>0001</u> 4   | 19664  |  |                 |  |
| 2. Name of Corporation Providence Public Library Foundation   |  |  |                 |  |
| 3. State of Incorporation   |  |  |                 |  |
| State: <u>RI</u>  |  |  |                 |  |
|   | NAICS CODE   |  |                 |  |
| Using the dropdown labeled N<br>primary type of activity in whic<br>populate a NAICS Code based<br>box on the right. For further as         | ch your entity engages. The<br>d on the chosen selection. If | box to the right of the the NAICS Code is ki | e dropdown will |  |
| NAICS Code  |  |  |                 |  |
| <u>813990</u>   |  |  |                 |  |
| 4. Principal Office Address   |  |  |                 |  |
| No. and Street: 150 FM  |  |  |                 |  |
|   | <u>PIRE STREET</u><br>State                                  | · PI 7in· 02003                              | Country: USA    |  |
| City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA   5. Brief Description of the Character of the Affairs Conducted in Rhode Island |  |  |                 |  |
| 5. Brief Description of the Ch  | aracter of the Analis Cond                                   | icted in Knode Island                        | a               |  |
| TO OPERATE, BE SUPERVISED AND CONTROLLED BY AND OPERATE FOR THE   |  |  |                 |  |
| BENEFIT OF THE PROVIDENCE PUBLIC LIBRARY  |  |  |                 |  |
| 6. Names and Addresses of t   | he Officers and Directors:                                   |  |                 |  |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.     |  |  |                 |  |
| Title   | Individual Name  | Add  | Iress           |  |
| 1 °   |  |  | '               |  |

|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country            |  |
|----------------|-----------------------------|--|--|
| PRESIDENT      | ELIZABETH DEBS              | 25 BOWEN STREET<br>PROVIDENCE, RI 02906 USA                |  |
| TREASURER      | CHRISTOPHER STEVENS         | 10 DORRANCE STREET, SUITE 700<br>PROVIDENCE , RI 02903 USA |  |
| SECRETARY      | JUAN WILSON                 | 11 SOUTH ANGELL STREET<br>PROVIDENCE, RI 02906 USA         |  |
| VICE PRESIDENT | MICAH SALKIND               | 444 WESTMINSTER STREET<br>PROVIDENCE, RI 02903 USA         |  |
| DIRECTOR       | KATHLEEN HITTNER MD         | 50 PARK ROW W.<br>PROVIDENCE, RI 02903 USA                 |  |
| DIRECTOR       | SALLY P MCDONALD            | 301 PROMENADE STREET<br>PROVIDENCE, RI 02908 USA           |  |
| DIRECTOR       | MICAH SALKIND               | 444 WESTMISTER<br>PROVIDENCE, RI 02903 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

AARON PETERMAN 150 EMPIRE STREET PROVIDENCE , RI 02903

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

## Signed this 5 Day of February, 2024 at 10:29:06 AM 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>AARON PETERMAN</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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