



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2024

FILED

FEB 07 2024

EY

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 135681		2. Exact name of the Corporation The Friends of the Pawtucket Public Library			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support the mission of the Pawtucket Public Library			
4. NAICS Code 813319 - Other Social Advocacy (					
6. Principal Office Address 13 Summer Street		City Pawtucket		State RI	Zip 2860
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Arthur Plitt			Vice-President Name		
Street Address 44 Cooke Street			Street Address		
City Pawtucket	State RI	Zip 2860	City	State	Zip
Secretary Name Erin Dube			Treasurer Name Emilia Rainey		
Street Address 311 Vine Street			Street Address 51 Samoset Avenue		
City Pawtucket	State RI	Zip 2861	City Central Falls	State RI	Zip 2863
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Susan L. Reed			Director Name Sharyn Farley		
Street Address 54 Crescent Rd.			Street Address 19 Carriage Drive		
City Pawtucket	State RI	Zip 2861	City Lincoln	State RI	Zip 2865
Director Name Robin Nyzio			Director Name Kathy Bessette		
Street Address 59 Clyde Street			Street Address 20 Kirk Drive		
City Pawtucket	State RI	Zip 2860	City Pawtucket	State RI	Zip 2861
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 Emilia Rainey, Treasurer					Date 1/10/24
Name of Officer/Authorized Representative					