



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 06 2024

BY *[Signature]*

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.

1. Entity ID Number 000105244	2. Exact name of the Corporation Friends of the Exeter Public Library, Inc.
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To promote informed interest in the function, resources, needs and services of the Exeter Public Library.
4. NAICS Code 813211 - Grantmaking Foundation	

6. Principal Office Address 12 Everett Salisbury Lane	City Exeter	State RI	Zip 02822
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Helen J. Douglas	Vice-President Name Wanda Rose
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Street Address 12 Everett Salisbury Lane	Street Address 78 Whispering Pine Way
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City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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Secretary Name Tina Williams	Treasurer Name David Zannelli
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Street Address 155 Black Plane Road	Street Address 6 Everett Salisbury Lane
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City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Helen J. Douglas	Director Name Wanda Rose
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Street Address 2 Everett Salisbury Lane	Street Address 78 Whispering Pine Way
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City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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Director Name Tina Williams	Director Name David Zannelli
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Street Address 155 Black Plane Road	Street Address 6 Everett Salisbury Lane
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City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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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 Helen J. Douglas	Date 18 February
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Signature of Officer/Authorized Representative <i>Helen J. Douglas</i>

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov