



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
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen J. Douglas			Vice-President Name Wanda Rose		
Street Address 12 Everett Salisbury Lane			Street Address 78 Whispering Pine Way		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Tina Williams			Treasurer Name David Zannelli		
Street Address 155 Black Plane Road			Street Address 6 Everett Salisbury Lane		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 Helen J. Douglas			Director Name Wanda Rose		
Street Address 2 Everett Salisbury Lane			Street Address 78 Whispering Pine Way		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Tina Williams			Director Name David Zannelli		
Street Address 155 Black Plane Road			Street Address 6 Everett Salisbury Lane		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Helen J. Douglas				Date 18 February	
Signature of Officer/Authorized Representative <i>Helen J. Douglas</i>					

MAIL TO:
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