



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
MAR 12 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<br><b>000027699</b>   | 2. Exact name of the Corporation<br><b>Friends of the Cumberland Public Library</b>  |   |                        |                        |                  |
| 3. State of Incorporation<br><b>RI</b>  | 5. Brief description of the character of business conducted in Rhode Island<br><b>To raise funds to help support the many programs offered by the Cumberland Public Library.</b> |   |                        |                        |                  |
| 4. NAICS Code<br><b>813219</b>  |  |   |                        |                        |                  |
| 6. Principal Office Address<br><b>1464 Diamond Hill Road</b>  |  | City<br><b>Cumberland</b>                   | State<br><b>RI</b>     | Zip<br><b>02864</b>    |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                        |                        |                  |
| President Name <b>Nancy Chaput</b>  |  | Vice-President Name <b>Lori Vaudry</b>      |                        |                        |                  |
| Street Address <b>46 High Ridge Rd</b>  |  | Street Address <b>154 Colonial Ave</b>      |                        |                        |                  |
| City <b>Cumberland</b>  | State <b>RI</b>  | Zip <b>02864</b>                            | City <b>Cumberland</b> | State <b>RI</b>        | Zip <b>02864</b> |
| Secretary Name <b>Elaine Elliot</b>   |  | Treasurer Name <b>Sally Wilbour</b>         |                        |                        |                  |
| Street Address <b>19 Will Croft</b>   |  | Street Address <b>34 Nancy Dr</b>           |                        |                        |                  |
| City <b>Cumberland</b>  | State <b>RI</b>  | Zip <b>02864</b>                            | City <b>Cumberland</b> | State <b>RI</b>        | Zip <b>02864</b> |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |  |   |                        |                        |                  |
| Director Name <b>Joanne Celona</b>  |  | Director Name <b>Dee Ferrara</b>            |                        |                        |                  |
| Street Address <b>58 Fitzhugh Sr</b>  |  | Street Address <b>500 Mendon Rd Unit 1E</b> |                        |                        |                  |
| City <b>n Providence</b>  | State <b>RI</b>  | Zip <b>02904</b>                            | City <b>Cumberland</b> | State <b>RI</b>        | Zip <b>02864</b> |
| Director Name <b>Terri Hale</b>   |  | Director Name <b>Denise Lavallee</b>        |                        |                        |                  |
| Street Address <b>130 Bear Hill Rd #204</b>   |  | Street Address <b>15 Mowry Ave</b>          |                        |                        |                  |
| City <b>Cumberland</b>  | State <b>RI</b>  | Zip <b>02864</b>                            | City <b>Cumberland</b> | State <b>RI</b>        | Zip <b>02864</b> |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.   |  |   |                        |                        |                  |
| <b>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.</b>                   |  |   |                        |                        |                  |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>  |  |   |                        |                        |                  |
| Name of Officer/Authorized Representative<br><b>Sally Wilbour</b>   |  |   |                        | Date<br><b>3/07/24</b> |                  |
| Signature of Officer/Authorized Representative<br><i>Sally B Wilbour</i>  |  |   |                        |                        |                  |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

Entity ID Number: 000027699

Friends of the Cumberland Public Library

Attachment for Additional Directors

Jeanne Marshalek

10 Arnold Mill Rd

Cumberland, RI 02864

Julie Newton

24 Lonesome Pine Rd

Cumberland, RI 02864

Suzanne Parenteau

37 Hazelwood St

Craston, RI 02910

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BY WWS  
