



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Non-Profit Corporation

APR 11 2024

2360 *or*

- 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 <b>0000 2770 4</b>		2. Exact name of the Corporation <b>Friends of the East Providence Public Library</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Support and advocate for the East Providence Public Library</b>	
4. NAICS Code <b>813 410</b>			
6. Principal Office Address <b>41 Grove Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</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>Cheryl Lee Muth</b>		Vice-President Name <b>Donald Paiva</b>	
Street Address <b>46 Griffith Drive</b>		Street Address <b>81 Harris Street</b>	
City <b>Riverdide</b>	State <b>RI</b>	City <b>Riverside</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02915</b>	
Secretary Name <b>Louise Paiva</b>		Treasurer Name <b>Sharon H. DuBois</b>	
Street Address <b>81 Harris Street</b>		Street Address <b>54 Grove Avenue</b>	
City <b>Riverside</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02914</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 type="checkbox"/></span>			
Director Name <b>Rose Marie Sirenski</b>		Director Name <b>Donald Paiva</b>	
Street Address <b>163 Anthony Street</b>		Street Address <b>81 Harris Street</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>Riverside</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02915</b>	
Director Name <b>Dianne Griffin</b>		Director Name	
Street Address <b>209 Waterman Avenue</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	City	State
Zip <b>02914</b>			Zip
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>			
<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 <b>Sharon H. DuBois</b>			Date <b>4-6-2024</b>
Signature of Officer/Authorized Representative <i>Sharon H. DuBois</i>			

**MAIL TO:**

Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)