



State of Rhode Island
Department of State - Business Services Division

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.

APR 11 2024

2360 *02*

1. Entity ID Number 0000 2770 4		2. Exact name of the Corporation Friends of the East Providence Public Library	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support and advocate for the East Providence Public Library	
4. NAICS Code 813410			
6. Principal Office Address 41 Grove Avenue		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Cheryl Lee Muth		Vice-President Name Donald Paiva	
Street Address 46 Griffith Drive		Street Address 81 Harris Street	
City Riverdale	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
Secretary Name Louise Paiva		Treasurer Name Sharon H. DuBois	
Street Address 81 Harris Street		Street Address 54 Grove Avenue	
City Riverside	State RI	City East Providence	State RI
Zip 02915		Zip 02914	
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 Rose Marie Sirenski		Director Name Donald Paiva	
Street Address 163 Anthony Street		Street Address 81 Harris Street	
City East Providence	State RI	City Riverside	State RI
Zip 02914		Zip 02915	
Director Name Dianne Griffin		Director Name	
Street Address 209 Waterman Avenue		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
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 Sharon H. DuBois			Date 4-6-2024
Signature of Officer/Authorized Representative <i>Sharon H. DuBois</i>			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov