



State of Rhode Island
Department of State - Business Services Division

FILED

APR 15 2024

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.

BY 2484

1. Entity ID Number <u>000072733</u>		2. Exact name of the Corporation <u>FRIENDS of the BROWNELL LIBRARY</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>813110</u>		<u>SUPPORT FOR THE BROWNELL LIBRARY</u>	
6. Principal Office Address <u>PO BOX 523</u>		City <u>LITTLE COMPTON</u>	State <u>RI</u>
		Zip <u>02837</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>LOUISE GOODMAN</u>		Vice-President Name <u>LIZ DECOTIS</u>	
Street Address <u>140 WILLOW AVE</u>		Street Address <u>99 ABBOTT RUN VALLEY RD</u>	
City <u>LITTLE COMPTON</u>	State <u>RI</u>	City <u>CUMBERLAND</u>	State <u>RI</u>
Zip <u>02837</u>		Zip <u>02864</u>	
Secretary Name <u>PAT CHRISTIANSEN</u>		Treasurer Name <u>STUART MORGAN</u>	
Street Address <u>60 YOUNG DR</u>		Street Address <u>50 SOUTH SHORE RD</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>LITTLE COMPTON</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02837</u>	
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 <u>LOUISE GOODMAN</u>		Director Name <u>LIZ DECOTIS</u>	
Street Address <u>140 WILLOW AVE</u>		Street Address <u>99 ABBOTT RUN VALLEY RD</u>	
City <u>LITTLE COMPTON</u>	State <u>RI</u>	City <u>CUMBERLAND</u>	State <u>RI</u>
Zip <u>02837</u>		Zip <u>02864</u>	
Director Name <u>PAT CHRISTIANSEN</u>		Director Name <u>STUART MORGAN</u>	
Street Address <u>60 YOUNG DR</u>		Street Address <u>50 SOUTH SHORE RD</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>LITTLE COMPTON</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02837</u>	
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 <u>STUART MORGAN</u>			Date <u>4/4/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov