



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 001696710

2. Name of Corporation The East Providence Library Foundation, Inc.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624190

4. Principal Office Address

No. and Street: 41 GROVE AVE

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO EXPAND THE LIBRARYS RESOURCES SERVICES AND PROGRAMS THAT FACILITATE SELF EDUCATION

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	SARAH FISH	41 GROVE AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	INNA WALKER	65 BULLOCKS POINT AVENUE RIVERSIDE, RI 02915 USA
DIRECTOR	DAVID WHITMAN	199 DON AVE RUMFORD, RI 02916 USA
DIRECTOR	KATHLEEN SIMPSON	194 DON AVE RUMFORD, RI 02916 USA
DIRECTOR	ELIZABETH INGRAHAM	84 HOOD AVE RUMFORD, RI 02916 USA
DIRECTOR	MICHAEL CARLOZZI	41 GROVE AVE EAST PROVIDENCE, RI 02914 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL CARLOZZI 41 GROVE AVENUE EAST PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of April, 2024 at 12:29:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SARAH A FISH

Signature of Authorized Person

Form No. 631
Revised 09/07

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