



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.

**FILED**

JUL 12 2024  
BY *[Signature]*

1. Entity ID Number <b>27557</b>		2. Exact name of the Corporation <b>The Kingston Free Library and Reading Room</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Library, Reading Room and Related Services</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>2605 Kingstown Road</b>			City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</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>Elizabeth McNab</b>			Vice-President Name <b>Ann Rheault</b>		
Street Address <b>141 Cherry Road</b>			Street Address <b>1121 Mooresfield Road</b>		
City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Mary Ann Comstock</b>			Treasurer Name <b>Donna McBurney</b>		
Street Address <b>40 Orchard Ave</b>			Street Address <b>16 Parkwood Drive</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</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>Elizabeth Indeglia</b>			Director Name <b>Mary Daley</b>		
Street Address <b>2563 Kingstown Road</b>			Street Address <b>141B Laurel Lane</b>		
City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
Director Name <b>Suzanne Pleskunas</b>			Director Name <b>none</b>		
Street Address <b>685 Congdon Hill Road</b>			Street Address <b>none</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</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 <b>Elizabeth McNab</b>				Date <b>July 10, 2024</b>	
Signature of Officer/Authorized Representative <i>Elizabeth J. McNab</i>					

MAIL TO:  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)