



State of Rhode Island
Department of State - Business Services Division

FILED

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.

JUL 12 2024
BY *[Signature]*

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

MAIL TO:
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