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**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.

1. Entity ID Number <b>001700407</b>	2. Exact name of the Corporation <b>Friends of Knight Memorial Library</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>The Friends of Knight Memorial Library support its historic library and the evolving needs of its surrounding neighborhoods through fundraising, programming and volunteer service.</b>
4. NAICS Code <b>624190</b>	

6. Principal Office Address <b>275 Elmwood Avenue</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Doug Victor</b>			Vice-President Name <b>Roseanne Camacho</b>		
Street Address <b>103 Princeton Avenue</b>			Street Address <b>92 Melrose Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Mary Hollinshead</b>			Treasurer Name <b>Rochelle Lee</b>		
Street Address <b>229 Medway Street, No. 303</b>			Street Address <b>172 Ontario Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Barbara Morin</b>			Director Name <b>Roseanne Camacho</b>		
Street Address <b>56 Ardoene Street</b>			Street Address <b>92 Melrose St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Rochelle Lee</b>			Director Name		
Street Address <b>172 Ontario Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	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.**

*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 <b>Roseanne Camacho</b>	Date
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Signature of Officer/Authorized Representative <b>Roseanne Camacho</b>
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**FILED**

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**NOV 04 2024**  
**BY HARBYG**  
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