

RI SOS Filing Number: 202566621420 Date: 3/3/2025 4:00:00 PM

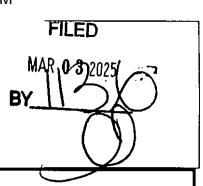


State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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.					צ	
1. Entity ID Number		2. Exact name of the Corporation				
000080372	The Cum	The Cumberland Library Fund, Inc.				
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
RI		Secure contributions to support the needs of the Cumberland Public				
4. NAICS Code	Library					
813219						
6. Principal Office Address			City	State	Zip	
1464 Diamond Hill Road			Cumberland	RI	02864	
7. List ALL officers (names and a				eck the box to indicate a	n attachment	
President Name Heather Boyce			Vice-President Name Eric Listenfelt			
Street Address 411 Laurel Ave. 2R			Street Address 1023 Providence Pike			
^{City} Cranston	State RI	^{Zip} 02920	City Danielson	State CT	Zip 06239	
Secretary Name Lee Tanguay			Treasurer Name Susan Rebelo			
Street Address 145 Myrtle Street			Street Address 331 Diamond Hill Road			
^{City} Wrentham	State MA	^{Zip} 02093	City Cumberland	State RI	Zip 02864	
8. List ALL directors (names and	addresses). RI C	orporations MUST		neck the box to indicate	an attachment	
Director Name Lynne Daigneault			Director Name Nancy Chaput			
Street Address 52 Ferncrest Drive			Street Address 46 High Ridge Drive			
City Cumberland	State RI	^{Zip} 02864	City Cumberland	State RI	Zip 02864	
Director Name Celeste Dyer			Director Name Martha Correia			
Street Address 65 Rebecca Street			Street Address 237 W. Wrentham Road			
City Coventry	State RI	^{Zip} 02816	City Cumberland	State RI	Zip 02864	
9. The Registered Agent informa	tion of record with	the RI Department	t of State is accurate. Changes i	require filing Form 64	1,	
Under penalty of perjury, I dec statements, and that all staten				ccompanying sched	lules and	
This report must be signed by either the F	President, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Rep	resentative, Receiver or Tro	istee.	
Name of Officer/Authorized Representative				Date /	/ /	
Susan Rebelo 2/24/25						
Signature of Officer/Authorized R	•					
MAIL TO:	-m_		· ·			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov