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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 03 2025
BY

Annual Report for the year: 2025
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 000080372	2. Exact name of the Corporation The Cumberland Library Fund, Inc.
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Secure contributions to support the needs of the Cumberland Public Library
4. NAICS Code 813219	

6. Principal Office Address	City	State	Zip
1464 Diamond Hill Road	Cumberland	RI	02864

7. List ALL officers (names and addresses) — Check the box to indicate an 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 Corporations **MUST** list at least **THREE** directors. Check 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 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, Receivor or Trustee.

Name of Officer/Authorized Representative	Date
Susan Rebelo	2/24/25

Signature of Officer/Authorized Representative
Susan Rebelo

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023