



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 03 2025
BY 1130

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 1464 Diamond Hill Road		City Cumberland		State RI	Zip 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.					
<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 Susan Rebelo					Date 2/24/25
Signature of Officer/Authorized Representative 					

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