RI SOS Filing Number: 202570454670 Date: 4/11/2025 4:00:00 PM



State of Rhode Island

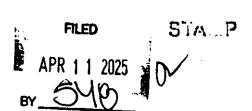
Department of State - Business Services Division

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.		<u></u>	
1 Entity ID Number 001721141	2. Exact name of the Corporation Friends of the Kingston Free Library				
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Provide support & assistance to the Kingston Free Library in its service to				
4. NAICS Code	the public of all ages.				
813211					
6. Principal Office Address			City	State	Zip
2605 Kingstown Road			Kingston	RI	02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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 none			Treasurer Name Mary Ann Comstock		
Street Address none			Street Address 40 Orchard Ave		
City none	State none	^{Zip} none	^{City} Wakefield	State RI	^{7₁p} 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Donna McBurney			Director Name Mary Daley		
Street Address 16 Parkwood Drive			Street Address 141B Laurel Lane		
^{City} Kingston	State RI	^{Zip} 02881	^{City} West Kingston	State RI	Zip UZOSZ
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.					
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				Date	
Mary Ann Comstock				4/7/2025	
Signature of Officer/Authorized Representative					
11411 70					

Division of Business Services

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

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