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.

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BUS SVCS DIV
2025 JUL 30 A 10:59

1. Entity ID Number	2. Exact name of the Corporation
000026071	THE WILLIAM H. HALL FREE LIBRARY
3 State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: OPERATING A FREE PUBLIC LIBRARY.
4 NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
1825 BROAD ST.	CRANSTON	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MICHAEL MILITO	JEFF JEFFERSON
Street Address: 93 MOORLAND AVE	Street Address: 41 STRATHMORE RD.
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905
Secretary Name	**Treasurer Name**
MARY HARTY	WILLIAM G. CALDWELL
Street Address: 51 FERNCREST AVE.	Street Address: 84 MASSASOIT AVE.
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905

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

Director Name	Director Name
JEFFREY LANPHEAR	WILLIAM BADDELEY
Street Address: 95 SHAW AVE.	Street Address: 1563 NARRAGANSETT BLVD.
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905
Director Name	**Director Name**
MICHAEL BUTLER	THOMAS BARBIERI
Street Address: 16 HALLS PLACE	Street Address: 3 CIRCUIT AVE
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905

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
WILLIAM G. CALDWELL, TREASURER	6/21/25

Signature of Officer/Authorized Representative: William G. Caldwell

FILED
JUL 30 2025
BY 1604 AA

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

FORM 631- Revised 12/2023