



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000029442

**2. Name of Corporation** The Clark Memorial Library

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
519120

**4. Principal Office Address**

No. and Street: 7 PINEHURST DRIVE

City or Town: CAROLINA

State: RI

Zip: 02812

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

PUBLIC LIBRARY

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	KRISTEN CHAMBERS	319 CHURCH ST WOOD RIVER JCT., RI 02894 USA
TREASURER	DANA HABERSHAW	P.O. BOX 807 HOPE VALLEY, RI 02832 USA
DIRECTOR	ELLEN GLEASON	408 CAROLINA BACK RD. CHARLESTOWN, RI 02813 USA
DIRECTOR	JANE RATHBUN	135 SKUNK HILL RD. HOPE VALLEY, RI 02832 USA
DIRECTOR	MATTHEW GAGNER	3 BASS ROCK RD. CAROLINA, RI 02812 USA
DIRECTOR	MELYSSA MARLAND	4 INDEPENDENCE TR. WYOMING, RI 02898 USA
DIRECTOR	MATTHEW GIARDINA	4 JON ST. CAROLINA, RI 02812 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LYNN H. THOMPSON 7 PINEHURST DRIVE P.O. BOX 190 CAROLINA , RI 02812

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of March, 2023 at 1:33:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By KRISTEN CHAMBERS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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