



**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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000028028

**2. Name of Corporation** North Smithfield Public Library

**3. State of Incorporation**

State: RI

**NAICS CODE**

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: 20 MAIN STREET  
P.O. BOX 950

City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

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

PUBLIC LIBRARY SERVICE

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL DUPUIS	86 TAYLOR DR NORTH SMITHFIELD, RI 02896 USA
TREASURER	STACEY WHITTON	PO BOX 228 FORESTDALE, RI 02824 USA
SECRETARY	ANGELA PUGLIESE	91 GREAT RD NORTH SMITHFIELD, RI 02876 USA
DIRECTOR	WILLIAM OCONNELL	XX MAPLE STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	CAROL DRAINVILLE	750 POUND HILL RD NORTH SMITHFIELD, RI 02876 USA
DIRECTOR	JENNIFER MEDEIROS	117 BLACK PLAIN RD NORTH SMITHFIELD, RI 02876 USA
DIRECTOR	SUZANNE VENKATARAMAN	8 PARKVIEW DR NORTH SMITHFIELD, RI 02896 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**

SUSAN DUBOIS 801 BROOKHAVEN LANE WOONSOCKET , RI 02895

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

**Signed this 27 Day of March, 2024 at 2:16:04 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 SUSAN DUBOIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07