

Friends of the Narragansett Library

Annual Conflict of Interest Disclosure Form

Name: Tracy Kabricky
Role: Executive Committee
Year: 2025/2026

1. Acknowledgment

Please initial each statement:

- I have received and read the Conflict of Interest Policy.
- I understand my obligation to act in the best interest of the organization.
- I agree to comply with the policy.

2. Disclosure

Do you have any actual or potential conflicts of interest to disclose? (include financial interests, business relationships, or family relationships that could relate to the organization.)

- No conflicts to disclose
- Yes (please describe below)

Description (attach additional page if needed):

3. Ongoing Duty

I agree to promptly disclose any new conflicts of interest that may arise during the year.

4. Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: Tracy Kabricky Date: 1/21/26

Friends of the Narragansett Library

Annual Conflict of Interest Disclosure Form

Name: Nancy McLean
Role: Executive Committee
Year: 2025/2026

1. Acknowledgment

Please initial each statement:

NMM I have received and read the Conflict of Interest Policy.

NMM I understand my obligation to act in the best interest of the organization.

NMM I agree to comply with the policy.

2. Disclosure

Do you have any actual or potential conflicts of interest to disclose? (include financial interests, business relationships, or family relationships that could relate to the organization.)

NMM No conflicts to disclose

____ Yes (please describe below)

Description (attach additional page if needed):

3. Ongoing Duty

I agree to promptly disclose any new conflicts of interest that may arise during the year.

4. Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: 

Date: 1/21/26

Friends of the Narragansett Library
Annual Conflict of Interest Disclosure Form

Name: JANE WILLIAMS

Role: VICE PRESIDENT

Year: 2025/2026

1. Acknowledgment

Please initial each statement:

I have received and read the Conflict of Interest Policy.

I understand my obligation to act in the best interest of the organization.

I agree to comply with the policy.

2. Disclosure

Do you have any actual or potential conflicts of interest to disclose? (include financial interests, business relationships, or family relationships that could relate to the organization.)

No conflicts to disclose

Yes (please describe below)

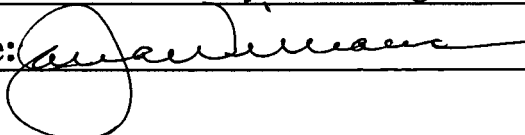
Description (attach additional page if needed):

3. Ongoing Duty

I agree to promptly disclose any new conflicts of interest that may arise during the year.

4. Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: 

Date: 1-21-2026

Friends of the Narragansett Library
Annual Conflict of Interest Disclosure Form

Name: Maureen S Barney
Role: Executive Committee Member
Year: 2025/2026

1. Acknowledgment

Please initial each statement:

MB I have received and read the Conflict of Interest Policy.

MB I understand my obligation to act in the best interest of the organization.

 I agree to comply with the policy.

2. Disclosure

Do you have any actual or potential conflicts of interest to disclose? (include financial interests, business relationships, or family relationships that could relate to the organization.)

X No conflicts to disclose

 Yes (please describe below)

Description (attach additional page if needed):

3. Ongoing Duty

I agree to promptly disclose any new conflicts of interest that may arise during the year.

4. Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: Maureen S Barney Date: 1/21/2026

Friends of the Narragansett Library
Annual Conflict of Interest Disclosure Form

Name: Madge McCauley
Role: Executive Committee
Year: 2025/2026

1. Acknowledgment

Please initial each statement:

- I have received and read the Conflict of Interest Policy.
- I understand my obligation to act in the best interest of the organization.
- I agree to comply with the policy.

2. Disclosure

Do you have any actual or potential conflicts of interest to disclose? (include financial interests, business relationships, or family relationships that could relate to the organization.)

- No conflicts to disclose
- Yes (please describe below)

Description (attach additional page if needed):

3. Ongoing Duty

I agree to promptly disclose any new conflicts of interest that may arise during the year.

4. Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: Madge McCauley Date: 1/21/2024

Friends of the Narragansett Library
Annual Conflict of Interest Disclosure Form

Name: Gina Collopy O'Connell
Role: Executive Committee
Year: 2025/2026

1. Acknowledgment

Please initial each statement:

GC

I have received and read the Conflict of Interest Policy.

GC

I understand my obligation to act in the best interest of the organization.

GC

I agree to comply with the policy.

2. Disclosure

Do you have any actual or potential conflicts of interest to disclose? (include financial interests, business relationships, or family relationships that could relate to the organization.)

X

No conflicts to disclose

Yes (please describe below)

Description (attach additional page if needed):

3. Ongoing Duty

I agree to promptly disclose any new conflicts of interest that may arise during the year.

4. Certification

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: Gina Collopy O'Connell

Date: 1/21/26