



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

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

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

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: 2016

1. Corporate ID No. 000098360

2. Name of Corporation AARP Foundation

3. State of Incorporation

State: DC

4. Corporate Address in Rhode Island

No. and Street: 601 E STREET, NW

City or Town: WASHINGTON, DC State: RI Zip: 20049 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 601 E STREET, NW

City or Town: WASHINGTON State: DC Zip: 20049 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PROMOTION OF SOCIAL WELFARE AND THE MAINTENANCE AND IMPROVEMENT OF HEALTH AND EDUCATIONAL SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LISA RYERSON	601 E STREET, NW WASHINGTON, DC 20049 USA
TREASURER	SANDRA ULSH	601 E STREET, NW WASHINGTON, DC 20049 USA
SECRETARY	SANDRA ULSH	601 E STREET, NW WASHINGTON, DC 20049 USA
DIRECTOR	NEAL CUTLER	601 E STREET, NW

		WASHINGTON, DC 20049 USA
DIRECTOR	RONALD DALY	601 E STREET, NW WASHINGTON, DC 20049 USA
DIRECTOR	ALLEN DOUMA	601 E STREET, NW WASHINGTON, DC 20049 USA
DIRECTOR	KATHLEEN EDMOND	601 E STREET, NW WASHINGTON, DC 20049 USA
DIRECTOR	JAMIE GUTIERREZ	601 E STREET, NW WASHINGTON, DC 20049 USA
DIRECTOR	HARRY JOHNSON	601 E STREET, NW WASHINGTON, DC 20049 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 14 Day of May, 2016 at 6:28:46 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 631
Revised 09/07

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