



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 61335		2. Name of Corporation North Providence Chapter #4580 AARP		
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 35 Hawthorne Street		City No. Prov.
				Zip 02904
5. Foreign corporation. Enter principal office address			City	State
				Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Very informative guest speakers at meetings. Trips offered to members. Donations given to various agencies for the needy. Officers attend all meetings on state level.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Americo Iazzi			Vice President Name Pauline Curreri	
Street Address 15E Forand Circle			Street Address 440 Academy Avenue	
City Johnston	State RI	Zip 02919	City Prov.	State RI
Secretary Name Vilma Masciarelli			Treasurer Name Dorothy M. DeCristofaro	
Street Address 34 Birchwood Drive			Street Address 35 Hawthorne Street	
City No. Prov.	State RI	Zip 02904	City No. Prov.	State RI
			Zip 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name Norma Santaniello			Director Name Ann Iazzi	
Street Address 219 Grosvenor Avenue			Street Address 15E Forand Circle	
City No. Prov.	State RI	Zip 02904	City Johnston	State RI
			Zip 02919	
Director Name Michael Colabella			Director Name Ann Gemma	
Street Address 4 Don Avenue			Street Address 26 Fitzhugh Street	
City No. Prov.	State RI	Zip 02904	City No. Prov.	State RI
			Zip 02904	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name N/A			Address None	
Address NONE			City None	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date **FILED**

Check No. **MAY 27 2009**

By: **By 1696**

FOR SECRETARY OF STATE USE ONLY

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.

Dorothy M. DeCristofaro 5/24/09
Signature of Officer Date

Dorothy M. DeCristofaro
Print or Type Name of Officer

Treasurer
Title of Officer