

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. 2. Name of Corporation 27400 Newport County Chapter #207 of AARP, Inc. 4. Corporate address in Rhode Island - Street Address Z(t)3. State of Incorporation City Portsmouth 15 Oliver Hazard Perry Rd 02871 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 To carry on meetings of the local chapter of AARP 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name John Lema James Dias Street Address Street Address 52 Eustis Ave 88 Kay St City State Zψ City State ZipRI 02840 RI Newport 02840 Newport Secretary Name Treasurer Name Linda Becker Beverly Dutra Street Address Street Address 335 Mail Coach Rd 15 Oliver Hazard Perry Rd City State Ζij $Z\psi$ Portsmouth RI 02871 Portsmouth RI 02871 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23 Director Name Director Name Teresa Trifero Marie Smith Street Address Street Address 207 Coggeshall Ave 114 Boulevard City State Zψ City State ZipNewport RI 02840 Middletown RΙ 02842 Director Name Director Name Mary Pedro George Towle Street Address Street Address 42 Parker Ave 85 Briarwood Ave State Zin State ZiiCitvCity RI 02840 l Middletown RI 02842

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

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

File Date		ILE	:D		
Check No.	JUI	102	2008		
Ву:	By	110	15		
I	OR SECRETAI	RY OF STA	TE USE	ONLY	

27400

9. REGISTERED AGENT IN RHODE ISLAND

Newport

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	
statements contained herein are true and correct.	1 /
Linda K. Reches	6/1/09
Signature of Officer	Date
Linda K. Becker	
Print or Type Name of Officer	
Treasurer	
Title of Officer	