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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
64368	Cumberland Chapter #4646 of AARP, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To serve the needs of Seniors in the community

5. Principal office address	City	State	Zip
1303 Mendon Road	Cumberland	RI	02864

. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Anthony Petrone	Ernest LaPlante
Street Address	Street Address
2 Swan Road	1 Ventry Drive
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
Secretary Name	Treasurer Name
Hilda Akerly	Pauline Zuena
Street Address	Street Address
2 Swan Road	53 Circledale Drive
City / State / Zip	City / State / Zip
Cumberland / RI / 02/864	Cumberland / RI / 02864

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Jane Gauvin	Thelma Wunschell
Street Address	Street Address
57 Amherst Street	277 Ann Street
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
Director Name	Director Name
Marjorie Boyce	Pauline Foss
Street Address	Street Address
4 Allen Avenue	70 Mayfair Rd.
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864

. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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JUN 04 2012
By mne
CR # 460

Form No. 631
Revised: 05/2012
78888-3-739087

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.

Pauline Zuena 6/1/12
Signature of Officer Date

Pauline Zuena
Print or Type Name of Officer

Treasurer
Title of Officer