



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 2012

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. 135270		2. Name of Corporation MIDDLETOWN RETIRED EDUCATORS' ASSOCIATION	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 19 PALMER ST.	
City NEWPORT		Zip 02840	
5. Foreign corporation. Enter principal office address N/A		City N/A	
State N/A		Zip N/A	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island DISCUSS EDUCATIONAL MATTERS, RAISE MONEY FOR COLLEGE SCHOLARSHIPS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARY CLARK		Vice President Name NONE	
Street Address 10 WAYBASSO TERRACE		Street Address NONE	
City MIDDLETOWN	State R.I.	City NONE	State NONE
Zip 02842		Zip NONE	
Secretary Name NONE		Treasurer Name EILEEN BROWN	
Street Address NONE		Street Address 19 PALMER ST.	
City NONE	State NONE	City NEWPORT	State R.I.
Zip NONE		Zip 02840	
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 MARY CLARK		Director Name EILEEN BROWN	
Street Address 10 WAYBASSO TERRACE		Street Address 19 PALMER ST.	
City MIDDLETOWN	State R.I.	City NEWPORT	State R.I.
Zip 02842		Zip 02840	
Director Name EUNICE A. GIZZI		Director Name NONE	
Street Address 44 MOHAWK DRIVE		Street Address NONE	
City PORTSMOUTH	State R.I.	City NONE	State NONE
Zip 02871		Zip NONE	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13-6-78			

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

FILED

File Date **JUN 08 2012**
Check No. **C-172244**
By **[Signature]**
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.

Signature of Officer **Eileen Brown** Date **6/6/2012**
Print or Type Name of Officer **EILEEN BROWN**
Title of Officer **TREASURER**