



**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 **2013**

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.<br><b>64368</b>  |                    | 2. Exact name of the Corporation<br><b>Cumberland Chapter# 4646 of AARP, Inc.</b>  |                           |                    |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>To serve the needs of seniors in the community</b> |                           |                    |                     |
| 5. Principal office address<br><b>1303 Mendon Road</b>  |                    | City<br><b>Cumberland</b>  |                           | State<br><b>RI</b> | Zip<br><b>02864</b> |
| <b>. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |                           |                    |                     |
| President Name<br><b>Anthony Petrone</b>  |                    | Vice-President Name<br><b>Ernest LaPlante</b>  |                           |                    |                     |
| Street Address<br><b>2 Swan Road</b>  |                    | Street Address<br><b>1 Ventry Drive</b>  |                           |                    |                     |
| City<br><b>Cumberland</b>   | State<br><b>RI</b> | Zip<br><b>02864</b>  | City<br><b>Cumberland</b> | State<br><b>RI</b> | Zip<br><b>02864</b> |
| Secretary Name<br><b>Hilda Akerley</b>  |                    | Treasurer Name<br><b>Pauline T. Zuena</b>  |                           |                    |                     |
| Street Address<br><b>2 Swan Road</b>  |                    | Street Address<br><b>53 Circledale Drive</b>   |                           |                    |                     |
| City<br><b>Cumberland</b>   | State<br><b>RI</b> | Zip<br><b>02864</b>  | City<br><b>Cumberland</b> | State<br><b>RI</b> | Zip<br><b>02864</b> |
| <b>. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |  |                           |                    |                     |
| Director Name<br><b>Sandra Labossiere</b>   |                    | Director Name<br><b>Thelma Wunschell</b>   |                           |                    |                     |
| Street Address<br><b>0814 Old Louisquisset Pike</b>   |                    | Street Address<br><b>227 Ann Street</b>  |                           |                    |                     |
| City<br><b>Lincoln</b>  | State<br><b>RI</b> | Zip<br><b>02865</b>  | City<br><b>Cumberland</b> | State<br><b>RI</b> | Zip<br><b>02864</b> |
| Director Name<br><b>Marjorie Boyce</b>  |                    | Director Name<br><b>Pauline Foss</b>   |                           |                    |                     |
| Street Address<br><b>4 Allen Ave.</b>   |                    | Street Address<br><b>70 Mayfair Road</b>   |                           |                    |                     |
| City<br><b>Cumberland</b>   | State<br><b>RI</b> | Zip<br><b>02864</b>  | City<br><b>Cumberland</b> | State<br><b>RI</b> | Zip<br><b>02864</b> |
| <b>. REGISTERED AGENT IN RHODE ISLAND</b>   |                    |  |                           |                    |                     |
| 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

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

BY 487

**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.

*Pauline T. Zuena*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Pauline T. Zuena**

Print or Type Name of Officer

**Treasurer**

Title of Officer