



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 2013

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.	Zip 02842	City NONE	State NONE	Zip NONE
Secretary Name NONE			Treasurer Name EILEEN BROWN		
Street Address NONE			Street Address 19 PALMER ST.		
City NONE	State NONE	Zip NONE	City NEWPORT	State R.I.	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.	Zip 02842	City NEWPORT	State R.I.	Zip 02840
Director Name EUNICE A. GIZZI			Director Name NONE		
Street Address 44 MOHAWK DRIVE			Street Address NONE		
City PORTSMOUTH	State R.I.	Zip 02871	City NONE	State NONE	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. 7-6-13/7-6-78					

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

FILED

JUN 06 2013

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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.

Eileen Brown 6/4/2013
Signature of Officer Date

EILEEN BROWN
Print or Type Name of Officer

TREASURER
Title of Officer