



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. <i>112158</i>		2. Exact name of the Corporation <i>"Rec Reunion Association"</i>	
3. State of Incorporation <i>R.I.</i>		4. Brief description of the character of business conducted in Rhode Island <i>Integrational Reunion of "Rec" Members From 1922-1967</i>	
5. Principal office address <i>24 Burnside Ave.</i>		City <i>Newport</i>	State <i>R.I.</i>
		Zip <i>02840</i>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>			
President Name <i>Dary Key</i>		Vice-President Name <i>Valarie Lee</i>	
Street Address <i>125 Russell Avenue</i>		Street Address <i>969 West Main Rd.</i>	
City <i>Providence</i>	State <i>R.I.</i>	City <i>Middletown</i>	State <i>R.I.</i>
Zip <i>02878</i>		Zip <i>02840</i>	
Secretary Name <i>Uronica Mays</i>		Treasurer Name <i>JoAnne Somerville</i>	
Street Address <i>2023 East Main Rd.</i>		Street Address <i>22 Johnson Court</i>	
City <i>Portsmouth</i>	State <i>R.I.</i>	City <i>Newport</i>	State <i>R.I.</i>
Zip <i>02871</i>		Zip <i>02840</i>	
<b>7. 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 <i>Pauline Perkins-Moye</i>		Director Name <i>Anita Dewitt</i>	
Street Address <i>24 Burnside Ave.</i>		Street Address <i>7 Extension St.</i>	
City <i>Newport</i>	State <i>R.I.</i>	City <i>Newport</i>	State <i>R.I.</i>
Zip <i>02840</i>		Zip <i>02840</i>	
Director Name <i>Valarie Lee</i>		Director Name <i>Victoria Johnson</i>	
Street Address <i>969 West Main Rd.</i>		Street Address <i>Union Street</i>	
City <i>Middletown</i>	State <i>R.I.</i>	City <i>Portsmouth</i>	State <i>R.I.</i>
Zip <i>02842</i>		Zip <i>02871</i>	
<b>8. 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

Rec. Reunion Association  
 P.O. Box 3712  
 Newport, RI. 02840

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

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

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

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUL 29 2013

*11483*

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 Perkins-Moye* 7/18/13  
 Signature of Officer Date

*Pauline Perkins-Moye*  
 Print or Type Name of Officer

*Corresponding Secretary*  
 Title of Officer

Form No. 631  
 Revised: 05/2012

*Dary Key* President (Print) *7/27/13* Date  
*Dary P. Key* 7-27-13