



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Non-Profit  
Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000120329

2. Name of Corporation AARP

3. State of Incorporation

State: DC

4. Corporate Address in Rhode Island

No. and Street: 10 ORMS STREET, #200

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 601 E STREET, NW

City or Town: WASHINGTON State: DC Zip: 20049 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NONPROFIT MEMBERSHIP ORGANIZATION OF PERSONS 50 AND OLDER DEDICATED TO ADDRESSING THEIR NEEDS AND INTERESTS.

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | ROBERT ROMASCO                                 | 601 E STREET, NW<br>WASHINGTON, DC 20049 USA               |
| SECRETARY | A. JAMES FORBES JR.                            | 601 E STREET, NW<br>WASHINGTON, DC 20049 USA               |
| CFO       | ROBERT R. HAGANS JR.                           | 601 E STREET, NW<br>WASHINGTON, DC 20049 USA               |
| DIRECTOR  | GRETCHEN DAHLEN                                | 601 E STREET, NW                                           |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 6 Day of May, 2014 at 12:28:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROBERT R. HAGANS JR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07