



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 000106396		2. Exact name of the Corporation Warwick Municipal Retirees			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Represent City of Warwick Municipal Retirees			
5. Principal office address 847 West Shore Road		City Warwick		State RI	Zip 02889
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Moriarty		Vice-President Name Frederick Acquaro			
Street Address 847 West Shore Rd		Street Address 12 Shepard Lane			
City Warwick	State RI	Zip 02889	City Putnam	State CT	Zip 06260
Secretary Name Lois Cerrito		Treasurer Name Shirley Washburn			
Street Address 40 Parsonage Dr		Street Address 87 George Arden Ave			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lorraine McDonald		Director Name Priscilla Dodd			
Street Address 149 Cumberland Rd		Street Address 17 Gateway Court			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Director Name Helen Poiselli		Director Name Susan Weeden			
Street Address 128 Cove Ave		Street Address 343 Buttonwoods Ave			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. REGISTERED AGENT IN RHODE ISLAND					
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, duly Authorized Representative, Receiver or Trustee

FILED

MAY 04 2015

File Date _____

Check No _____

By: _____

BY **246**

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.

Michael Moriarty 4/29/2015
Signature of Officer or Authorized Representative Date

Michael Moriarty

Print or Type Name of Officer or Authorized Representative