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.	2. Exact name of the Corporation
61335	**No. Prov. Chapter #4580 of Am. Association of Retired Persons, Inc.**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **To enhance the quality of life, promote independence, dignity and purpose for older people.**

5. Principal office address	City	State	Zip
10 Bourne Avenue	**North Providence**	**RI**	**02911-1507**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Matteo DiSano	**85 Blue Gentian Road**	**Cranston**	**RI**	**02921**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Elaine Cioe	**30 Hunters Run**	**North Providence**	**RI**	**02911**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Mary Ann Rivelli	**185 Angela Court**	**North Providence**	**RI**	**02904**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Marie Fournier	**10 Bourne Avenue**	**North Providence**	**RI**	**02911**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒

Director Name	Street Address	City	State	Zip
Antonina Celona	**1765 Bicentennial Way, Unit H**	**North Providence**	**RI**	**02911**
Director Name	**Street Address**	**City**	**State**	**Zip**
Carole Parrott	**1765 Bicentennial Way**	**North Providence**	**RI**	**02911**
Director Name	**Street Address**	**City**	**State**	**Zip**
Ann IZZI	**15 Forand Circle**	**Johnston**	**RI**	**02918**
Director Name	**Street Address**	**City**	**State**	**Zip**
Pauline Currieri	**440 Academy Avenue**	**Providence**	**RI**	**02908**

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

File Date _____
Check No _____ FILED
By: _____ MAY 27 2015
FOR SECRETARY OF STATE USE ONLY
BY 249735

Form No. 631
Revised: 04/2014

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.

Marie A. Fournier 5/26/15
Signature of Officer or Authorized Representative Date

Marie A Fournier
Print or Type Name of Officer or Authorized Representative
Treasurer

2015 MAY 28 A 8:22

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1. Entity ID No.	2. Exact name of the Corporation
61335	No. Prov Chapter #4580 AHRP
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island

5. Principal office address	City	State	Zip

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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Director Name			Director Name		
Domenic Antico			Ann Bertelli		
Street Address			Street Address		
26 Oxford St.			206 Lexington Ave. #3		
City	State	Zip	City	State	Zip
No. Prov.	RI	02904	No. Prov.	RI	02904
Director Name			Director Name		
Cosmo Cambio					
Street Address			Street Address		
12 E Lakeview Dr.					
City	State	Zip	City	State	Zip
No. Prov.	RI	02904			

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

[redacted]

BY [redacted] 24735

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.

Signature of Officer or Authorized Representative Date

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014