



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 27400		2. Name of Corporation Newport County Chapter #207 of AARP, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 116 CHERRY ST		City Newport	Zip 02840
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO CARRY ON MEETINGS OF LOCAL CHAPTER					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BEVERLY ADLER			Vice President Name SHIRLEY RIPA		
Street Address 116 CHERRY ST.			Street Address 8 ALMY CT.		
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
Secretary Name PAULINE BUCKLEY			Treasurer Name BLANCHE A. SEFTON		
Street Address 23 GILROY ST.			Street Address 12 COLONY DR.		
City Newport	State R.I.	Zip 02840	City Middletown	State R.I.	Zip 02842
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 MARIE SMITH			Director Name LINDA BECKER		
Street Address 114 BOULEVARD			Street Address 150 LIVER HAZARD PERRY RD.		
City Middletown	State R.I.	Zip 02840	City Portsmouth	State R.I.	Zip 02871
Director Name ANN MARIE CAKLEY			Director Name ALICE AUGUSTUS		
Street Address 212 AMERICA			Street Address 37 BERKELEY CT.		
City Newport	State R.I.	Zip 02840	City Middletown	State R.I.	Zip 02840
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



27400

File Date	7-13-05
Check No.	10500
By:	
FOR SECRETARY OF STATE USE ONLY	

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: Blanche A. Sefton
Date: 6/10/05
Print or Type Name of Officer: BLANCHE A. SEFTON
Title of Officer: Treasurer