



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 2016

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. 135270		2. Exact name of the Corporation MIDDLETOWN RETIRED EDUCATORS' ASSOCIATION	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island MEET TO DISCUSS EDUCATIONAL MATTERS, RAISE MONEY FOR COLLEGE SCHOLARSHIPS	
5. Principal office address 19 PALMER ST.		City NEWPORT,	State R.I.
		Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name MARY CLARK		Vice-President Name NONE	
Street Address 10 WAYBASSO TERRACE		Street Address NONE	
City MIDDLETOWN,	State R.I.	City NONE	State NONE
Zip 02842		Zip NONE	
Secretary Name NONE		Treasurer Name EILEEN BROWN	
Street Address NONE		Street Address 19 PALMER ST.	
City NONE	State NONE	City NEWPORT,	State R.I.
Zip NONE		Zip 02840	
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"/>			
Director Name MARY CLARK		Director Name EILEEN BROWN	
Street Address 10 WAYBASSO TERRACE		Street Address 19 PALMER ST.	
City MIDDLETOWN,	State R.I.	City NEWPORT,	State R.I.
Zip 02842		Zip 02840	
Director Name EUNICE A. GIZZI		Director Name NONE	
Street Address 44 MOHAWK DRIVE		Street Address NONE	
City PORTSMOUTH,	State R.I.	City NONE	State NONE
Zip 02871		Zip NONE	
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 _____

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.

FILED

MAY 18 2016

Eileen Brown 5/14/16
 Signature of Officer or Authorized Representative Date

EILEEN BROWN, TREASURER
 Print or Type Name of Officer or Authorized Representative