



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS. SVCS. DIV.

2017 MAY 22 AM 10:53

1. Entity ID Number 61335		2. Exact name of the Corporation North Providence Chapter #4580 of American Association of Retired Persons Inc.	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island To enhance the quality of life, promote independence, dignity or purpose for older people.	
5. Principal Office Address 10 Bourne Avenue		City North Providence	State RI
		Zip 02911	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Elaine Cive		Vice-President Name Alexander Freda	
Street Address 60 Hunters Run		Street Address 10 Angel Road	
City No. Prov.	State RI	Zip 02904	
Secretary Name Mary Ann Rivelli		Treasurer Name Marie Fournier	
Street Address 185 Sawmill Drive		Street Address 10 Bourne Ave.	
City N. Kingstown	State RI	Zip 02852	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Matteo Di Sano		Director Name Peter Rivelli	
Street Address 85 Blue Gentian Rd.		Street Address 185 Sawmill Dr. #109	
City Cranston	State RI	Zip 02921	
Director Name Ann Gennaro		Director Name Carmine Russo	
Street Address 26 Fitzhugh		Street Address 19 Primrose St.	
City No. Prov.	State RI	Zip 02904	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Marie A. Fournier			Date
Signature of Officer/Authorized Representative Marie A. Fournier			

FILED

MAY 22 2017

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY **CU 304168**

FORM 631 - Revised: 02/2017