



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

FILED

JUN 07 2018

BY 1516

Annual Report for the year: 2018

Non-Profit Corporation:

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

1. Entity ID Number 27400		2. Exact name of the Corporation Newport County Chapter #207 of AARP, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote at the local level the priorities, programs and policies of AARP.			
4. NAICS Code 624120 - Services for Elderly					
6. Principal Office Address 105 Florence St			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Virginia Eagan			Vice-President Name Sandra Flowers		
Street Address 105 Florence St			Street Address 16 Keeher Ave		
City Tiverton	State RI	Zip 02878	City Newport	State RI	Zip 02840
Secretary Name Adrienne Haylor			Treasurer Name Paul Bernard		
Street Address 72 Warner St			Street Address 485 Thames St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. 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 Linda Michaud			Director Name Diane Smyth		
Street Address 21 Baldwin Rd			Street Address 26 Manning Terrace		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Trudy Santos			Director Name Victoria Johnson		
Street Address 7 Phillips Ave			Street Address 487 Union St		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Virginia Eagan				Date 6/1/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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