



Department of State - Business Services Division

Annual Report for the year:  
 Non-Profit Corporation

2019

FILED

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

JUN 07 2019

BY

2102 DS

1. Entity ID Number 29880		2. Exact name of the Corporation WEST WARWICK CHAPTER # 2210 OF AARP, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island INFORMING AND REOPENING SERVICE TO RETIRED PEOPLE			
4. NAICS Code 813319					
6. Principal Office Address PO Box 223			City WEST WARWICK	State RI	Zip 02893
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name PATRICIA LEE			Vice-President Name BENJAMIN LEANDER		
Street Address 34 WEST STREET			Street Address 8 MOSKALYK STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name PAULA REYES			Treasurer Name CHARLES H. DRESS		
Street Address 2 COMFORT WAY			Street Address 96 NAPLES AVENUE		
City COVENTRY	State RI	Zip 02816	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name DORIS LEGAULT			Director Name MAUREEN MURPHY		
Street Address 88 LENOX AVENUE			Street Address 20 TILTON STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name ELEANOR KEATINGE			Director Name CAROLYN RITCHOTTE		
Street Address 28 CAMPBELL STREET			Street Address 36A WINTHROP AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative CHARLES H. DRESS					Date 6/6/2019
Signature of Officer/Authorized Representative Charles H. Dress					

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

ENTIFY ID NUMBER

29880

DIRECTORS

THERESA PECCHIA

18 LEAR DRIVE

COVENTRY, RI 02816

ROYAL PACHECO

10 WESTERLY STREET

WEST WARWICK, RI 02893

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