



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

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.

FILED

MAY 27 2020

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1. Entity ID Number 000106396		2. Exact name of the Corporation Warwick Municipal Retirees	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Warwick Retired employees City of Warwick	
4. NAICS Code 813920			
6. Principal Office Address 135 Sandy Lane		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Michael Cook		Vice-President Name Fred Acquaro	
Street Address 132 Park Ave		Street Address 123 Shephard Ave	
City Warwick	State RI	City Putnam	State RI
Zip 02889		Zip 06260	
Secretary Name Lois Cerrito		Treasurer Name Ed Allard	
Street Address 40 Parsonage Drive		Street Address 135 Sandy Ln	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Sue Weeden		Director Name Kathy Hedquist	
Street Address 343 Buttonswood Ave		Street Address 195 Wingate Ave	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02889	
Director Name Jerry Lapierre		Director Name	
Street Address 1875 West Shore Rd		Street Address	
City Warwick	State RI	City	State
Zip 02889		Zip	
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.			
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 Ed Allard Treasurer		Date 5/29/20	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:

Business Services
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01) 222-3040
www.sos.ri.gov