RI SOS Filing Number: 202043153060 Date: 6/23/2020 4:00:00 PM

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

JUN 23 2020

BY 2223 25

1. Entity ID Number	2. Exact name of the Corporation
29880	WEST WARWICK CHAPTER # 2210 OF AARP, INC.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	INFORMING AND RENDERING SERVICES TO RETIRED PEOPLE
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
PO BOX 223	WEST WARWICK	RI	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
PATRICIA LEE	BENJAMIN LEANDER
Street Address	**Street Address**
34 WEST STREET	8 MOSICALUK STREET
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	WEST WARWICK / RI / 02893
Secretary Name	**Treasurer Name**
PAULA REYES	CHARLES H. DROSS
Street Address	**Street Address**
2 COMFORT WAY	96 WARLES AVENUE
City / State / Zip	City / State / Zip
COVENTRY / RI / 02816	WARWICK / RI / 02886

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☒

Director Name	Director Name
DORIS LEGAULT	MAUREEN MURPHY
Street Address	**Street Address**
88 LEWIS AVENUE	20 TILTON STREET
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	WEST WARWICK / RI / 02893
Director Name	**Director Name**
ELEANOR KEATING	CAROLYN RITCHOTTE
Street Address	**Street Address**
29 CAMPBELL STREET	36 A WINTHROP AVENUE
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	WEST WARWICK / RI / 02893

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	Date
CHARLES H. DROSS	6/20/2020

Signature of Officer/Authorized Representative: Charles H. Dross SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2019

ENTITY ID NUMBER

29880

DIRECTORS

THERESA PERRIN
18 LEAR DRIVE
COVENTRY, RI 02816

ROYAL RACHEL
16 WESTERLY STREET
WEST WARWICK, RI 02893

FILED
JUN 23 2020
BY 2233 DS