



FILED
 JUN 09 2021
 BY *[Signature]*

Annual Report for the year: **2021**
 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 15 Oliver Hazard Perry Rd		City Portsmouth	State RI	Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Sandra Flowers			Vice-President Name Tia Scigulinsky		
Street Address 16 Keeher Ave			Street Address 368 Sea Meadow Dr		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Secretary Name Trudy Santos			Treasurer Name Linda Becker		
Street Address 7 Phillips Ave			Street Address 15 Oliver Hazard Perry Rd		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Jan Wheeler			Director Name Milena Lepore		
Street Address 70 Carroll Ave Unit 103			Street Address 70 Adams Dr		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Director Name Linda Michaud			Director Name Linda Vieira		
Street Address 21 Baldwin Rd			Street Address 15 Smith Ave		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
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.					
<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 Linda Becker				Date 6/4/21	
Signature of Officer/Authorized Representative <i>Linda Becker</i> 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