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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 23 2021
BY 1114

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: 000034112	2. Exact name of the Corporation: American Association of University Women - Newport County East Bay Rhode Island Branch AAUW
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: We sponsor public meetings related to AAUW's goals concerning equity and education for women and girls. We also raise money for AAUW's Legal Advocacy Fund. Locally we raise money for Rhode Island Center For the Book
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
Rosemary Slocum 127 Center Ave	Middletown	RI	02842

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

President Name: Susan Rood			Vice-President Name: Beverly Clark		
Street Address: 279 Rolling Hill Rd			Street Address: 124 Mill Lane		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871
Secretary Name: Lisa Speer Huet			Treasurer Name: Rosemary Slocum		
Street Address: 25 Olives Way			Street Address: 127 Center Ave		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842

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

Director Name: Natalie Urban			Director Name: Ellen Leys		
Street Address: 59 Aaron Way			Street Address: 45 Homer St		
City: Bristol	State: RI	Zip: 02809	City: Newport	State: RI	Zip: 02840
Director Name: Sheila Fridovich			Director Name:		
Street Address: 345 Thames St 308 N			Street Address:		
City: Bristol	State: RI	Zip: 02809	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Rosemary Slocum - Financial Officer	06/23/21

Signature of Officer/Authorized Representative

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: 08/2020