



State of Rhode Island
Department of State - Business Services Division

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.

FILED
JUN 28 2021
STAMP
BY [Signature]

1. Entity ID Number <u>29880</u>		2. Exact name of the Corporation <u>WEST WARWICK CHAPTER 2210 OF AARP INC.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>INFORMING AND RENDERING SENIORS TO RETIRED PEOPLE</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>PO BOX 223</u>		City <u>WEST WARWICK</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>PATRICIA A. LEE</u>		Vice-President Name <u>BENJAMIN LEANDER</u>	
Street Address <u>34 WEST ST</u>		Street Address <u>5 MOSKALYK ST</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>PAULA REYES</u>		Treasurer Name <u>JOAN RAY</u>	
Street Address <u>2 COMFORT WAY</u>		Street Address <u>45 SPENCER ST</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02893</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>DORIS LEGAULT</u>		Director Name <u>MAUREEN MURPHY</u>	
Street Address <u>88 LENOX AV</u>		Street Address <u>20 TILTON ST</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Director Name <u>ELENOR KEATING</u>		Director Name <u>CAROLYN RITCHOTTE</u>	
Street Address <u>28 CAMPBELL ST</u>		Street Address <u>36A WINTHROP AV</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
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 <u>Patricia A Lee</u>			Date <u>6-23-21</u>
Signature of Officer/Authorized Representative <u>Patricia A Lee</u>			