State of Rhode Island
Department of State - Business Services Division

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RI DEPT. OF STATE
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2021 OCT -1 PM 12:07

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	2. Exact name of the Corporation
000106396	WARWICK MUNICIPAL RETIREES
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO GIVE INFORMATION TO OUR MEMBERS REGARDING VHANGES OR ADDITIONS TO BENEFITS RECEIVED AND NOITCE OF SOCIAL FUNTIONS TITLE:7-6
4. NAICS Code: 813920	

6. Principal Office Address	City	State	Zip
61 WATSON ST	WARWICK	RI	02889

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

President Name: FRED ACQUARO			Vice-President Name: SCOTT SMALL		
Street Address: 12 SHEPARD LN			Street Address: 102 BROAD ST		
City: PUTNAM	State: CT	Zip: 06260	City: WARWICK	State: RI	Zip: 02888
Secretary Name: LOIS CERRITO			Treasurer Name: DEBRA CARDOSO		
Street Address: 40 PARSONAGE DR			Street Address: 61 WATSON ST		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	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 BUTTONWOODS AV			Street Address: 195 WINGATE AV		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02888
Director Name: PAUL JOHNSTON			Director Name:		
Street Address: 106 CARLTON AV			Street Address:		
City: WARWICK	State: RI	Zip: 02889	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
FREDERICK ACQUARO (President)	9/29/21

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

FILED 12:08
OCT 01 2021
BY GPRWJ

FORM 631 - Revised: 08/2020