

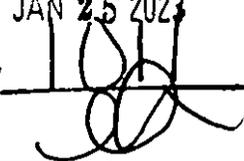


State of Rhode Island
Department of State - Business Services Division

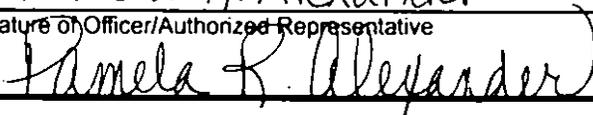
FILED

Annual Report for the year: 2023
Non-Profit Corporation

JAN 25 2023

BY 

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000135270		2. Exact name of the Corporation MIDDLETOWN RETIRED EDUCATORS' ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a group of retired educators. We meet 2-3 times each year. We discuss current topics and trends in education. Our dues pay for 2 \$500 scholarships awarded each year.			
4. NAICS Code 813311					
6. Principal Office Address Pam Alexander 45 Linda Terrace			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann Gizzi			Vice-President Name none		
Street Address 44 Mohawk Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Rita Wood			Treasurer Name Pam Alexander		
Street Address 47 Brown Terrace			Street Address 45 Linda Terrace		
City Portsmouth	State RI	Zip 02871	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 type="checkbox"/>					
Director Name Pam Alexander			Director Name Ann Gizzi		
Street Address 45 Linda Terr.			Street Address 44 Mohawk Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Rita Wood			Director Name		
Street Address 47 Brown Terrace			Street Address		
City Portsmouth	State RI	Zip 02871	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.					
<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 Camela R. Alexander					Date 01.23.2023
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