



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**

**Non-Profit Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV.

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1. Entity ID Number <b>61335</b>		2. Exact name of the Corporation <b>North Providence Chapter #4580 of American Association of Retired Persons, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To enhance the quality of life, promote independence, dignity and purpose for older people.</b>			
4. NAICS Code <b>813319 Other Social</b>					
6. Principal Office Address <b>53 Baird Avenue</b>			City <b>No. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Deborah Imondi</b>			Vice-President Name		
Street Address <b>53 Baird Avenue</b>			Street Address		
City <b>North Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Violet Gaynor</b>		
Street Address			Street Address <b>7 Josephine St.</b>		
City	State	Zip	City <b>No. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Linda Culbertson</b>			Director Name <b>Alexander Freda</b>		
Street Address <b>60 Thelma Ave.</b>			Street Address <b>10 Angel Road</b>		
City <b>No. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>No. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Marie Fournier</b>			Director Name <b>Carolyn White</b>		
Street Address <b>10 Bourne Avenue</b>			Street Address <b>220 Grosvenor Ave.</b>		
City <b>No. Prov.</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>No. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Marie Fournier, Treasurer</b>				Date <b>5/20/23</b>	
Signature of Officer/Authorized Representative <i>Marie Fournier</i>					

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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