



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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2023 MAY 23 A 8:46

1. Entity ID Number 61335	2. Exact name of the Corporation North Providence Chapter #4580 of American Association of Retired Persons, Inc.
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To enhance the quality of life, promote independence, dignity and purpose for older people.
4. NAICS Code 813319 Other Social	

6. Principal Office Address 53 Baird Avenue	City No. Prov.	State RI	Zip 02904
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Deborah Imondi		Vice-President Name	
Street Address 53 Baird Avenue		Street Address	
City North Prov.	State RI	Zip 02904	
Secretary Name		Treasurer Name Violet Gaynor	
Street Address		Street Address 7 Josephone St.	
City	State	Zip	City No. Prov. State RI Zip 02904

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 Linda Culbertson		Director Name Alexander Freda	
Street Address 60 Thelma Ave.		Street Address 10 Angel Road	
City No. Prov.	State RI	Zip 02904	City No. Prov. State RI Zip 02904
Director Name Marie Fournier		Director Name Carolyn White	
Street Address 10 Boume Avenue		Street Address 220 Grosvenor Ave.	
City No. Prov.	State RI	Zip 02911	City No. Prov. State RI Zip 02904

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 Marie Fournier, Treasurer	Date 5/20/23
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

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MAY 23 2023
BY K961W