



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2024

BY *[Signature]*
[Signature]

Annual Report for the year: 2024

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.

1. Entity ID Number 00106396		2. Exact name of the Corporation 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 changes or additions to benefits received and notice of social functions Title 7-6			
4. NAICS Code 813920					
6. Principal Office Address C/O 61 Watson St		City Warwick		State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred Acquaro			Vice-President Name		
Street Address 12 Shepard Ln			Street Address		
City Putnam	State CT	Zip 06260	City	State	Zip
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 <input type="checkbox"/>					
Director Name Sue Weeden			Director Name Kathy Hedquist		
Street Address 343 Buttonwoods Ave			Street Address 195 Wingate Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02888
Director Name Paul Johnston			Director Name <i>None</i>		
Street Address 106 Carlton Ave			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.					
<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 <i>Lois Cerrito</i>					Date <i>Feb. 29, 2024</i>
Signature of Officer/Authorized Representative <i>Lois Cerrito</i>					

MAIL TO:
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Website: www.sos.ri.gov