



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

JUN 07 2024

2457 a

1. Entity ID Number 29880		2. Exact name of the Corporation WEST WARWICK AARP CH. 2210	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island INFORMING AND RENDERING SERVICE TO RETIRED PEOPLE	
4. NAICS Code 813319			
6. Principal Office Address PO BOX 223		City WEST WARWICK	State RI
		Zip 02893	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANNE J. BRIEN		Vice-President Name RITA SELBY	
Street Address P.O. BOX 10		Street Address 1926 NEW LONDON TPK	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
Secretary Name SUE BERTRAND		Treasurer Name RITA SELBY	
Street Address 64 ROBIN LANE		Street Address 1926 NEW LONDON TPK	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
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 KATHY CUNNINGHAM		Director Name MAUREEN MURPHY	
Street Address 134 SHARPE ST #3		Street Address 20 TILTON ST	
City GREENWICH	State RI	City WEST WARWICK	State RI
Zip 02817		Zip 02893	
Director Name MARY DACEY		Director Name	
Street Address 1 WINTERBERRY DR		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		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 Anne J. Brien			Date 6/1/24
Signature of Officer/Authorized Representative ANNE J. BRIEN			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.n.gov

FORM 631 - Revised: 08/2020