



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 29880		2. Exact name of the Corporation WEST WARWICK AARP INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island INFORMING AND RENDERING SERVICE TO RETIRED PERSONS	
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	
Street Address PO BOX 10		Street Address	
City WEST WARWICK	State RI	City	State Zip
Secretary Name SUE BERTRAND		Treasurer Name RITA SELBY	
Street Address 64 ROBIN LANE		Street Address 1926 NEW LONDON TRPK	
City WEST WARWICK	State RI	City WEST WARWICK	State RI 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 Sunshine Mary Dacey		Director Name TRIAS Maureen Murphy	
Street Address i Winterberry Drive		Street Address 20 Tilton St	
City Coventry, RI	State RI	City West Warwick	State RI Zip 02893
Director Name/Financial Secretary Paula Reyes		Director Name	
Street Address 2 Comfort way		Street Address	
City Coventry	State RI	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.			
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 3/15/25
Signature of Officer/Authorized Representative <i>Anne J Brien</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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JUL 31 2025
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