

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of	the Corporation	ENCE CHAP	TER	7 05	THE	
30330	DAUGH	TERS OF	THE AMERIC	A /Y T	REUO	LUTION	
3. State of Incorporation	State of Incorporation 4 Brief description of the character of business					٦٠٠ م	
D-T	SUPPORT OF HISTORICAL, EDUCATIONAL AND						
7, 1	GANIZATIONS						
5. Principal office address			City		State	Zip	
52 THORNTON STREET PROVIDENCE RI 02909							
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)							
President Name ELSIE BUF	Vice-President Name ELSIE WILLIAMS						
Ctroot Address	Street Address						
50 WATER FRONT DR APT 215			35 HODSELL STREET				
E. PROVIDENCE	State R-エ	Zip ひみ914	CRANSTON	f	State RT	02910	
Secretary Name			I I reasurer Name				
ELSIE WILLI	EUELYN BEAUMIER						
Street Address			Street Address				
35 HODSELL	. STRE	L 7	52 THURN	701	\sqrt{SIF}	(EE /	
CRANSTON	State ドエ	2ip 02910 -	PROUIDEN	CE	State I	02709	
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)							
Director Name ANNE CROCK	Director Name KATHERINE RODMAN						
Street Address	Street Address 51 BOND STREET						
35 HODSELL			51 BOND			<u> </u>	
CRANSTON	State ピエ	02910 °	RIVERSIDE	=	Riate R.T.	^{Zip} 03915	
Director Name CANDACE GA	9UUIN		Director Name CHRISTINE	1	RUK		
Street Address 154 POTTER	Street Address 16 JANET DRIVE						
City	State	7ip	City	· · · · · · · · · · · · · · · · · · ·		Zip	
CRANSTON	<u>R</u> .t	02910	WARNICK		R.I	02886	
8. REGISTERED AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 641.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee							

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5- 27	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,			
File Date 3 - 2 -	MAV o o oozo	and that all statements contained herein are true and correct.			
Check No	MAY 2 2 2013 -	Secolos m (Se recensor			
By:	21024655468	Signature of Officer Date			
		-EUELVN M. BEAUMIER			
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer			
form No. 631		Treasurer			
ocn (40, 05) levised: 05/2012		Title of Officer			