



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. 30330		2. Exact name of the Corporation R.I. INDEPENDENCE CHAPTER OF THE DAUGHTERS OF THE AMERICAN REVOLUTION	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island SUPPORT OF HISTORICAL, EDUCATIONAL AND PATRIOTIC ORGANIZATIONS	
5. Principal office address 52 THORNTON STREET		City PROVIDENCE	State RI
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name ELSIE BUFFUM		Vice-President Name ELSIE WILLIAMS	
Street Address 50 WATER FRONT DR APT 215		Street Address 35 HODSELL STREET	
City E. PROVIDENCE	State R.I.	Zip 02914	City CRANSTON
			State RI
			Zip 02910
Secretary Name ELSIE WILLIAMS		Treasurer Name EVELYN BEAUMIER	
Street Address 35 HODSELL STREET		Street Address 52 THORNTON STREET	
City CRANSTON	State R.I.	Zip 02910	City PROVIDENCE
			State RI
			Zip 02909
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name ANNE CROCKER		Director Name KATHERINE RODMAN	
Street Address 35 HODSELL STREET		Street Address 51 BOND STREET	
City CRANSTON	State RI	Zip 02910	City RIVERSIDE
			State R.I.
			Zip 02915
Director Name CANDACE GAUVIN		Director Name CHRISTINE KROK	
Street Address 154 POTTER STREET		Street Address 16 JANET DRIVE	
City CRANSTON	State R.I.	Zip 02910	City WARWICK
			State R.I.
			Zip 02886
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 5-22

FILED

MAY 22 2013

Check No _____

By: _____

BY 21024655468

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.

Evelyn M. Beaumier
 Signature of Officer Date

EVELYN M. BEAUMIER
 Print or Type Name of Officer

Treasurer
 Title of Officer