



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 68858		2. Exact name of the Corporation Rhode Island State Society Daughters of the American Revolution			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island. Historic preservation, promotion of education, and patriotic endeavor			
5. Principal office address 250 Broadway			City Newport	State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara Simmons			Vice-President Name Marilyn Curtis		
Street Address 250 Broadway			Street Address 1251 Main Rd Unit 331		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
Secretary Name Diane Henderon			Treasurer Name Linda Becker		
Street Address P.O.Box 677			Street Address 15 Oliver Hazard Perry Rd		
City Barrington	State RI	Zip 02806	City Portsmouth	State RI	Zip 02871
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 Alice Homer			Director Name Ellen Griffin		
Street Address 10 Bateman Avjenue			Street Address 92 Cedarwood Lane		
City Newport	State RI	Zip 02840	City Hope Valley	State RI	Zip 02832
Director Name Eleanor Menzies			Director Name Attracta Pryor		
Street Address 12 Bentley Road			Street Address 53 Arcadia Road		
City Warwick	State RI	Zip 02888	City Hope Valley	State RI	Zip 02832
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, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 03 2014
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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.

Linda K Becker 6/1/14
 Signature of Officer or Authorized Representative Date

Linda K. Becker
 Print or Type Name of Officer or Authorized Representative