



**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. 27822		2. Exact name of the Corporation General Nathanael Greene-Pettaguan-SCOTT Chapter. DAR			
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 66 Cedar Street		City E. Greenwich		State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cynthia Joly			Vice-President Name Cynthia Ogren		
Street Address 24 Cherry Road			Street Address 524 Indian Corner Road		
City Cranston	State RI	Zip 02905	City Saugerstown	State RI	Zip 02874
Secretary Name Helen Bryson			Treasurer Name Charlene K Butler		
Street Address 56 Hickory Drive			Street Address 410 Plain Meeting House Road		
City N. Kingstown	State RI	Zip 02852	City West Greenwich	State RI	Zip 02817
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 Thelma Goin			Director Name Lorraine Hilton		
Street Address 49 Deer Field Drive			Street Address 1504 Main Street		
City W. Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Director Name Kathryn Carlson			Director Name		
Street Address 66 Cedar Street			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
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 \_\_\_\_\_

FILED

Check No \_\_\_\_\_

JUN 06 2014

By: \_\_\_\_\_

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FOR SECRETARY OF STATE USE ONLY

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.

Charlene K Butler 6/4/2014  
Signature of Officer or Authorized Representative Date

Charlene K Butler  
Print or Type Name of Officer or Authorized Representative  
Treasurer