



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	City Saugerstown	State RI
Zip 02905		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	City West Greenwich	State RI
Zip 02852		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	City Coventry	State RI
Zip 02893		Zip 02816	
Director Name Kathryn Carlson		Director Name	
Street Address 66 Cedar Street		Street Address	
City E. Greenwich	State RI	City	State
Zip 02818		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