



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000531947

2. Name of Corporation Doris Duke Monument Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 51 TOURO STREET

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS CHARITABLE SCIENTIFIC TESTING FOR PUBLIC SAFETY EDUCATIONAL PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	VICTORIA MELE	42 LEDGE ROAD NEWPORT, RI 02840 USA
SECRETARY/TREASURER	SCOTT WHEELER	43 BROADWAY NEWPORT, RI 02840 USA

VICE PRESIDENT	VIRGINIA PURVIANCE	86 MILL STREET NEWPORT, RI 02840 USA
DIRECTOR	VIRGINIA PURVIANCE	86 MILL STREET NEWPORT, RI 02840 USA
DIRECTOR	SCOTT WHEELER	43 BROADWAY NEWPORT, RI 02840 USA
DIRECTOR	VICTORIA MELE	42 LEDGE ROAD NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ARTHUR W. MURPHY, ESQ. C/O EDWARDS ANGELL PALMER & DODGE LLP 130 BELLEVUE
AVENUE NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

Signed this 19 Day of June, 2014 at 1:11:53 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AMY WINSOR
Signature of Authorized Person

Form No. 631
Revised 09/07