



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
29441		The Rhode Island Branch of the Internat'l Order of the Kings Daughters & Sons			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Religious, Educational and Philanthropic			
5. Principal Office Address		City	State	Zip	
32 Brook Drive		Hope Valley	RI	02832	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name		Vice-President Name			
Sandra Barkley					
Street Address		Street Address			
14 Boylston Street					
City	State	Zip	City	State	Zip
Westerly	RI	02891			
Secretary Name		Treasurer Name			
		Mildred Stolgitis			
Street Address		Street Address			
		32 Brook Drive			
City	State	Zip	City	State	Zip
			Hope Valley	RI	02832
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name		Director Name			
SALLY PANCIERA		JEAN NASE			
Street Address		Street Address			
115 WINNABAUG ROAD		5 OCEAN VIEW AVENUE			
City	State	Zip	City	State	Zip
Westerly	RI	02891	Charlestown	RI	02813
Director Name		Director Name			
LAURA DAWLEY					
Street Address		Street Address			
117 WINNABAUG ROAD					
City	State	Zip	City	State	Zip
Westerly	RI	02891			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Mildred Stolgitis				July 8, 2016	
Signature of Officer/Authorized Representative					
Mildred Stolgitis					

FILED

JUL 15 2016

BY

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