



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

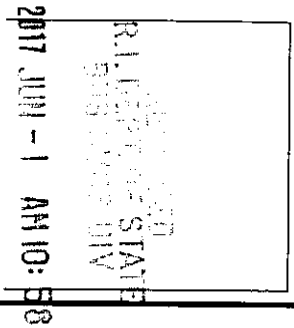
Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.



1. Entity ID Number 30330		2. Exact name of the Corporation Rhode Island Independence Chapter of the Daughters of the American Revolution			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support of historical, educational, and patriotic organizations			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 56 Denver Ave		City Cranston		State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Amanda Lazarus			Vice-President Name Christine Kruk		
Street Address 14 Creston St.			Street Address 4 Sharon Drive		
City Providence	State RI	Zip 02906	City Westerly	State RI	Zip 02891
Secretary Name Katherine Rodman			Treasurer Name Suzanne Nacar		
Street Address 51 Bond St.			Street Address 56 Denver Ave		
City Riverside	State RI	Zip 02915	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Elsie Buffum			Director Name Theresa Lauro		
Street Address 500 Waterfront Drive			Street Address 63 Cathedral Ave		
City East Providence	State RI	Zip 02910	City Providence	State RI	Zip 02908
Director Name Anne Crocker			Director Name none		
Street Address 100 Arthur St Apt 103			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Suzanne Nacar				Date 5-30-2017	
Signature of Officer/Authorized Representative 				FILED JUN 01 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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