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

2017 JUN -1 AM 10:58
R.I. DEPARTMENT OF STATE
BUSINESS SERVICES DIV

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	2. Exact name of the Corporation
30330	**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	City	State	Zip
56 Denver Ave	**Cranston**	**RI**	**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.

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
Suzanne Nacar	**5-30-2017**

Signature of Officer/Authorized Representative: Suzanne E. Nacar

FILED
JUN 01 2017
BY 112 DS

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

FORM 631 - Revised: 05/2017