


 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 27822		2. Exact name of the Corporation General Nathanael Greene - Pettaquamscutt Chapter DAR			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Historic preservation, promotion of education and patriotic endeavors			
4. NAICS Code 813410 - Professional Orgar					
6. Principal Office Address 410 Plain Meeting House Road			City West Greenwich	State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an 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	Zip 02817	City Saunderstown	State RI	Zip 02874
Secretary Name Helen Bryson			Treasurer Name Charlene K. Butler		
Street Address 56 Hickory Drive			Street Address 410 Plain Meeting House Road		
City North Kingstown	State RI	Zip 02852	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary-Elizabeth Barton			Director Name Elizabeth Alfonso		
Street Address 102 Spring Street			Street Address 539 N. Quidnessett Road		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Director Name Lorraine Hilton			Director Name		
Street Address 1504 Main Street			Street Address		
City Coventry	State RI	Zip 02816	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 Charlene K. Butler				Date 6/1/2017	
Signature of Officer/Authorized Representative <i>Charlene K. Butler</i>					

FILED

JUN 05 2017

BY

1729 DS