RI SOS Filing Number: 201868981630 Date: 6/8/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 08 2018

BY

Annual Report for the year: 2018

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
26345	**Narragansett-Cooks-Gaspee Chapter, NSDAR**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Education, Patriotism, Scholarship, Conservation, American History**
4. NAICS Code: **813319 - Other Social Advoc**	

6. Principal Office Address	City	State	Zip
1509 South Road	**Kingston**	**RI**	**02881**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Tracy Heffron**			Vice-President Name **Joyce Stevos**		
Street Address **1509 South Road**			Street Address **57 Althea Street**		
City **Kingston**	State **RI**	Zip **02889**	City **Providence**	State **RI**	Zip **02907**
Secretary Name **Deborah Suggs**			Treasurer Name **Elaine Haigh**		
Street Address **31 Grand Isle Drive, Apt 514**			Street Address **14 Aurora Court**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Tracy Heffron**			Director Name **C. Elizabeth Candas**		
Street Address **1509 South Road**			Street Address **88 Andre Avenue**		
City **Kingston**	State **RI**	Zip **02881**	City **South Kingstown**	State **RI**	Zip **02879**
Director Name **Joyce Stevos**			Director Name		
Street Address **57 Althea Street**			Street Address		
City **Providence**	State **RI**	Zip **02907**	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
Elaine Haigh, Treasurer	**June 6, 2018**

Signature of Officer/Authorized Representative: Elaine Haigh, Treasurer

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: 11/2017