



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 OCT 20 STAMP

Annual Report for the year: 2020 Amended
 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.

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 28871		2. Exact name of the Corporation PHI CORPORATION OF SIGMA KAPPA					
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island A NON PROFIT HOUSING CORPORATION PROVIDING HOUSING					
4. NAICS Code 813990							
6. Principal Office Address 16 FRATERNITY CIRCLE URI				City KINGSTON		State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>							
President Name SEE ATTACHED				Vice-President Name SEE ATTACHED			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Secretary Name SEE ATTACHED				Treasurer Name SEE ATTACHED			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>							
Director Name SEE ATTACHED				Director Name SEE ATTACHED			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name SEE ATTACHED				Director Name SEE ATTACHED			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.							
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>							
Name of Officer/Authorized Representative CASEY KELLER						Date 10-14-2020	
Signature of Officer/Authorized Representative <i>Casey Keller</i>						FILED	

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

OCT 20 2020
 KL 9:53

PHI CORPORATION OF SIGMA KAPPA
ENTITY ID 28871

FORM RI-631, LINES 7 & 8
LIST OF OFFICERS AND DIRECTORS

OFFICERS	TITLE	ADDRESS	
SUSAN WILLIS	PRESIDENT	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
JULIE NAPPER	VP FINANCE	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
SARA HARVEY	VP HOUSING OPERATIONS	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
EMILY SHEPARD	VP PROGRAMMING	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
ANN-MARIE FONTAINE	VP PROPERTY MANAGEMENT	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
FRICA TABANO	VP COMMUNICATION	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
JENNIFER RAINEY	NAT'L CHAPTER VP FINANCE	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032
CASEY KELLER	EXECUTIVE DIRECTOR	695 PRO MED LANE, SUITE 300	CARMEL, IN 46032



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 20, 2020 09:53 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

