

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 208

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

* The period: \$15.00 to a penalty fee of \$25.00.

1. Corporate 1D No.	2, Name of Corporat						
59426	Zeta	Delta X; In in Rhode Island - Street Address	<u>C.</u>				
3. State of Incorporation				CHY	Zip		
RI	35 Bro	un St, Marcy	Hall	Providence	02912		
5. Foreign corporation. Enter	principal office address	,	City	State	Zip		
Brief Description of the chara	cter of the affairs which ar	e actually conducted in Rhode Isla	mai				
COMMUNICA	U KEOVICE	E AND HOLDS	NG SOCIAL FL	INCTIONS			
					HMENTS		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			Vice President Name				
DANIEL ROSENBERG			DANIEL HUNEKE				
Street Address			Street Address				
35 Bours St			Chy Providence FI 02912				
City	State	02912	City	State	Zip		
Providence	RI	06116		<u> </u>	02912		
Secretary Name			Treasurer Name				
ALEXANDER	<u>TYE</u>		MARK FULLER				
Street Address 35 Brown St	<u>L</u>		Street Address 35 Brown St City State Zip				
25 1500m 09	State		1 23 Phon 31	· ·	Zip		
POS CAL TO SE	State	02912	(ny p	0.1	02912		
8. NAMES AND ADDRES	ESES OF THE DIREC	TOPS: C'Y" ROY FOR ATTAC	[(SUIJUIU) SUMBATI□ BILL IN SPACES	BEFORE USING ATTA	1 =		
		STIC (RHODE ISLAND) (- L	T BE LESS THAN THRE			
Director Name	CYORS OF A DOME	one (miobe isminb)	Director Name	- 1814 AUMIENE DESCRIPTION	<u> </u>		
KATHRYN LAMB			ALEXANDER HOVIS				
Street Address	CAMO		Street Address				
	_		35 Brown St				
City	State	Zip	City	State	Zip		
35 Brown St Providence	RI	02912	Providence	PI	02912		
Director Name			Director Name				
JENNIFER NYKIEL			REYAD WILLIAMS				
Street Address			Sireet Address				
St Brown St Side R1 02912			35 Braun St Cuy Providence F1 979127				
City	State	02912	Cuy	State	1 2 3 3 7		
(rovidence	1 61	102716	Movidence		1 044/275		
	IN RHODE ISLAND	- DO NOT ALTER - Chang	ges require filing of Form	641 - K.I.G.L. /-0-13 /	7-6-7800		
Agent Name			Address 3- A 11 00 A 12				
JULIAN PETRILLO			Brown St, Marcy Hall Po Box 1865 000 Providence 02912				
Address			Caty	Zip	015 革 50g		
			Providence	102	710 - GE		
This report n	nust be signed by eith	er the President, Vice Presi	ident, Secretary, Assistant So	ecretary, Treasurer, Rece	eiver or Trustee		
*	~ *				O		

File Date _	FILED "
Check No.	FEB 2 5 2008
Ву:В	y 050700 1:58
FC	OR SECRETARY OF STATE USE ONLY

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.

Meri	Rli	20	Feb	w
Signature of Officer			Date	

TREASURER