

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 2007

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.I.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 to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation

27356	Kappa Delta	Phi National At	filiated Son	rity, Inc
3. State of Incorporation	4. Corporate address in Rhode Island - Street Addres	s	City	Zip
KL	10 Weybosset St.	Tau	frovidence	02903
5. Foreign corporation. Enter pr	ncipal office adaress	City	State	Z49 (1)
6. Brief Description of the characte	r of the affairs which are actually conducted in Rhode I.			'a 25
	'S	三 智用品		
7. NAMES AND ADDRESSI	ES OF THE OFFICERS: ("X" BOX FOR ATTAC	é Clerical dutie HMENT) □ FILL IN SPACES B	more vessmosts and a local transfer and	MEN'S SEA
President Name		Vice President Name		
Victoria DeManbro		E112a.	<u>beth Jason</u>	# 2º m
Street Address 10 Weubusset St		Street Address 10 Weybosset St 5 95		
Providence)	State RT Zip 02903	Providence	State RI	E903 S
Secretary Name Alyssa Demonlas		Treasurer Name Samantha Klipper		
Street Address (U Weuk	ousset st	Street Address 10 Wearb	osset St	
Providence	State RI Zip 03903	Providence	State RI	C2903
8. NAMES AND ADDRESSI	ES OF THE DIRECTORS: ("X" BOX FOR ATTA	DENGLISH TO ELECTRICATED	SEFORE USING ATTACI	생각하는 하시는 바람들이 모양하는 점점이다.
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C		CORPORATION SHALL NOT Director Name	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name Alusia Rowke.		Elizabeth Jason		
Street Address		Street Address		
CILY ? WEY	State Zip	City 1		Ztp
Providence	State RI Zip 07903	Providence	R.T.	02903
Director Name Rebecca Kirker		Director Name		
Street Address	ecot St	Street Address		
Providence.	State RI 210 02903	City	State	Zip
9. REGISTERED AGENT IN	RHODE ISLAND - DO NOT ALTER - Char	nges require filing of Form 6	41 - R.I.G.L. 7-6-13 / 7	-6-78
Ageni Name CT Corporation System		10 Weybosset St. City 2003		
Address	,	Providence	2 tp	903
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

This report must be signed by other the Tresident, Tree II	establic, decretary, rishistant decretary, freedered, receiver of france
m men m	
MAR 1 4 2008	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date BV D5 1404	Statements contained herein are true and correct.
Check No	Signature of Officer Date Samantha Klipper
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer