

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

#01.222.3

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. 401.222.3040

to a penalty fee of 325.00.		
1. Corporate ID No. 2. Name of Corporation	1 100	
27356 Kappa Desta Phi Na	Himal Affiliated Sovority, Inc	
RI 186 Finch Ave	N. Providence 02904	
5. Foreign corporation. Enter principal office address	City State Zip (1)	
	Ψ VV	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Is	land 3 TO	
clerical & administra		
Clerical & daministra	The auxilia	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS]		
President Name	Vice President Name	
Debbie Latond	Joanna Scaparotti Egg	
Street Address	Street Address	
186 Finch Ave	Street Address 186 Firsh Ave	
City State Zip	City, A State Zip	
N. Providence RI 02904	N. Providence RI 02904 m	
Secretary Name	Treasurer Name	
hebecca Kirker	Angela Jacubs	
Street Address 101 C 1 1	Street Address	
186 Finch Ave	186 Finch Hue	
N Providence State RT 2100904	City, D. State 27 Zip	
N. Providence RI 02904	N. Providence RI 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Director Name	Director Name	
Debbie Latona	Joanna Scaparotti	
Street Address		
186 Finch Alve	186 Finch Ave	
City State OT Zip	City State 2 Zip	
N. Providence RI 02904	N. Providence R.L. 0990401	
Director Name	Director Name	
Hnaela Jacobs	8 3.5	
Street Address	Street Address Oct	
186 Finch Ave	N 202	
City O State AT Zip A 2001	City State Zip	
N.Movidence KL 02909		
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Chan	ges require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78	
Agent Name	Address	
Jeannette Collette	186 Finch Ave 5	
Address	City Zip	
	-1 M D ~ 1 ~ 1 ~ 1 ~ 2 ~ 2	
	N. Providence 02904	

	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all
W	statements contained herein are true and correct.
File Date	Reliecca hikes 6/30/07
THE STATE OF A CASE STATE OF THE STATE OF TH	Signature of Officer Date
Check No NIAR 1 4 2008	Rebecca Kirker
By 252604 10:402	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer
[발생하다 보고 있는 사람들이 다시하다 하는 사람들이 사용하다 전화생활을 통해 된다.]	Title of Officer