

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

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

\* In accordance with S.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 permay jee of the steel						
1. Corporate ID No. 27219	2. Name of Corporation The BETT	T NO CHAL	TER OF SIGNI	A CHE 1	FRAMEROITY	
3. State of Incorporation QL	4 Controvate address in R.	hode Island - Street Addre	MBB AVE	"PROUIDER	10x 2,02912	
5. Foreign corporation. Enter prin	cipal office address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode island  To CONDUCT THE AFFAIRS OF THE SIGNA CHI FRATERIOIS AT  BROWN UNIV						
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7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH President Name  HARRISON BENNETT			Vice President Name BRIAN GOLDSHITH			
Street Address OLNEY HOUSE	BROWN +	4CORB E	Street Address OLNEY HOUSE	Brown +	GEORG E	
CHPROSIDENCE		07912	MoviO2v of	state FF	2ip 02912-	
Secretary Name OLIVER STAEHUN			Treasurer Name ANTHONY STANACIN			
Street Address OLNEH HOUSIZ	Browp a	skorbe k	Street Address HOUSE			
PROVIDENCE	State RF	02912	MOUIDEUXE	State RI	2402812	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) TILL IN SPACES E	BEFORE USING ATT	ACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) OF DIRECTOR Name  DIRECTOR Name  DATTHHEW BUBLEY			Director Name GLEXANDER SCHWARTS			
Street Address OLNEN 1400SE BROWN & GEORGE			Street Address OLNEY HOSE BROWN GEORGE			
PROSIDENCE	1	<sup>Zip</sup> 02912	MOUIDENCE	State R#	ZipO2912_	
Director Name JAN HARRER			Director Name			
Street Address 204 MABLA AVE			Street Address			
PROJERNCE	SUR	Zip 02912-	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes  Agent Name  A			es require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78  Address			
Address			Сиу	Zip Zip		
This report must l	he signed by either th	e President Vice Pre	sident Secretary Assistant Secr	ratary Trascurar Da	caiver or Truetoe	

File Date	FILED			
Check No.	JUN 03 2008			
Ву:	By ハシヿ			
F	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 ctatements contained herein are true and correct.

Signature of Officer

HARRISON Print or Type Name of Officer