



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2008

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. 31791		2. Name of Corporation Phi Mu Delta Alumni Association, Inc.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 5 Benefit Street		City Providence	Zip 02904-0000
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island to operate a fraternity chapter house					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey Taber			Vice President Name None		
Street Address 20 Mallard Cove Way			Street Address none		
City Barrington	State RI	Zip 02806-	City none	State none	Zip none
Secretary Name Carl B. Lisa			Treasurer Name Charles Gilmore		
Street Address 5 Benefit Street			Street Address 444 Westminster Street		
City Providence	State RI	Zip 02904-	City Providence	State RI	Zip 02901-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 Jeffrey Taber			Director Name Carl B. Lisa		
Street Address 20 Mallard Cove Way			Street Address 5 Benefit Street		
City Barrington	State RI	Zip 02806-	City Providence	State RI	Zip 02904-
Director Name Charles Gilmore			Director Name none		
Street Address 444 Westminster Street			Street Address none		
City Providence	State RI	Zip 02901-	City none	State none	Zip none
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Carl B. Lisa, Esq.			Address 5 Benefit Street		
Address			City Providence	Zip 02904-	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	JUN 30 2008
By:	By 1005
FOR 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.

Charles E. Gilmore **6/02/08**
Signature of Officer Date
Charles Gilmore
Print or Type Name of Officer
Treasurer
Title of Officer