RI SOS Filing Number: 200812657700 Date: 07/29/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *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 *

**** 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		
115282	Eta Omega Alumni Corporation Board of Delta Sigma Phi		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
	142 Sutton Street	Providence	02903
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 Mentor The undergraduates and Educate them.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Steven Versacci			Dwayne Keys		
Street Address			Street Address		
89 Whitmarsh St			391 Pine St Fl 2		
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	02903
Secretary Name			**Treasurer Name**		
			Pat Meacham		
Street Address			**Street Address**		
			418 Collins Ave		
City	**State**	**Zip**	**City**	**State**	**Zip**
			East Greenwich	RI	02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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			Director Name		
Steven Versacci			Dwayne Keys		
Street Address			Street Address		
89 Whitmarsh St			"	"	
City	State	Zip	City	State	Zip
Providence	RI	02907	"	"	
Director Name			**Director Name**		
			Pat Meacham		
Street Address			**Street Address**		
			"		
City	**State**	**Zip**	**City**	**State**	**Zip**
			"	"	

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	Address	
Derek J. Wagner	142 Sutton Street Apt 1	
Address	**City**	**Zip**
	Providence	02903

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

[redacted] [redacted]

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.

Signature of Officer *Date*

Steven Versacci

Print or Type Name of Officer

President

Title of Officer

[redacted]

File Date FILED

Check No. JUL 29 2008

By By 644522 1.11

24730-9-269968

FOR SECRETARY OF STATE USE ONLY

RECEIVED
2008 JUL 29 P 1:12
SECRETARY OF STATE
ADMINISTRATION

Form 631 Rev. 12/05