



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>DNP-115282</u>	2. Name of Corporation <u>Eta Omega Alumni Corporation Board of the Delta Sigma Phi Fraternity</u>		
3. State of Incorporation <u>RI</u>	4. Corporate address in Rhode Island - Street Address <u>142 Sutton Street</u>	City <u>Providence</u>	Zip <u>02903</u>
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
Advisory Board for undergraduate members of the Delta Sigma Phi Fraternity

7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Derek J.X. WAGNER</u>	Vice President Name <u>Daniel M. Dever</u>		
Street Address <u>142 Sutton Street #1</u>	Street Address <u>152 Forbes Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Riverside</u>
State <u>RI</u>	Zip <u>02903</u>	State <u>RI</u>	Zip <u>02915</u>
Secretary Name <u>David Gutfleisch</u>	Treasurer Name <u>Patrick Meacham</u>		
Street Address <u>142 Sutton Street #3</u>	Street Address <u>40 Web Ave #226</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>No. Kingstown</u>
State <u>RI</u>	Zip <u>02903</u>	State <u>RI</u>	Zip <u>02882</u>

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 (R.I.G.L. 7-6-23)

Director Name <u>Mary Ann Hague</u>	Director Name <u>Christopher Demartino</u>		
Street Address <u>505 Clarks Row</u>	Street Address <u>142 Sutton Street</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Providence</u>
State <u>RI</u>	Zip <u>02809</u>	State <u>RI</u>	Zip <u>02903</u>
Director Name <u>Tim Lorenz</u>	Director Name		
Street Address <u>15 Mashie Circle</u>	Street Address		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City
State <u>RI</u>	Zip <u>02816</u>	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 <u>Derek Wayner</u>	Address		
Address <u>142 Sutton Street</u>	City <u>Providence</u>	Zip <u>02903</u>	

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

FILED

File Date JAN 27 2003

Check No. _____

By [Signature] 3/18/03

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.

[Signature] 1/27/03
Signature of Officer Date

Derek J.X. Wagner
Print or Type Name of Officer

President
Title of Officer