

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 2.009

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.	2. Name of Corporation					
45019	Alpha Epsil	Alpha Epsilon House Corporation of Kappa Alpha Theta Fraternity				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
RI	128 Dorrar	nce Street		Providence	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the cha	racter of the affairs whic	ch are actually conducted in R	bode Island			
T NAMES AND ADDRESS	reere of the or	CICEBS (WW DOV FOR A	THE CONTRACTOR TO THE IN CO.	CEC BERODE HOING ATTA	CHMENTE	
President Name	ESSES OF THE OF	FICERS: (X BUX FUR A	TTACHMENT) TILL IN SPA	CES BEFORE USING ALTA	CHMENIS	
Nancie Merlino			Vice President Name Ann Lucas			
Street Address			Street Address			
1 Sequoia Court			20 Highland Ave #2			
City	State	Zip	City	State	Zip	
Bristol	RI	02809	Cambridge	l MA	02139	
Secretary Name		1 == = -	Treasurer Name			
Karen Kristofferson			Joy Somogyi			
Street Address			Street Address			
464 Hanover St Apt 3			147 Hamilton St			
City	State	Zip	City	State	Zip	
Boston	MA	02113	Cambridge	MA	02139	
8. NAMES AND ADDRI	ESSES OF THE DII	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	ACES BEFORE USING ATT.	ACHMENTS	
THE NUMBER OF DIR	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Joy Somogyi			Nancie Merlino			
Street Address			Street Address			
147 Hamilton St			1 Sequoia Court			
City	State	Zip	City	State	Zip	
Cambridge	MA	02139	Bristol	RI	02809	
Director Name			Director Name			
Ann Lucas			Karen Kristofferson			
Street Address			Street Address			
20 Highland Ave #2			464 Hanover St Apt 3			
City	State	Zip	City	State	Zi p	
Cambridge	MA	02139	Boston	MA	02113	
9. REGISTERED AGEN	T IN RHODE ISLA	ND				
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	13/7-6-78	
This report	must be signed by	either the President, Vic	ce President, Secretary, Assista	ant Secretary, Treasurer, Re	ceiver or Trustee	

4 5019	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained herein are true and correct. Signature of Officer Date Joy Somogyi
By:	Print or Type Name of Officer Treasurer Title of Officer Form 631 Rev. 09/17