

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Stree

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040 Filing Period: June 1 - June 30 - Filing Tour 100.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G penalty fee of \$25.00.	L. 7-6-94, each corpor	ation failing or refusing to fil	e its annual report within the time	prescribed by law (R.I.)	G.L. 7-6-91) is subject to a	
1. Corporate ID No.	I	2. Name of Corporation				
<u> </u>	Rhode	Toland Hipha	Delta Kappa, I	nc.		
3. State of Incorporation			ress	City	Zip	
RI 170 Prov. Pike #75				N.Smith Sie	eil 02896	
5. Foreign corporation. Enter principal office address			City	State	Zip	
remale	educators l	are actually conducted in Rhode	co to charate to co	huleishps the	et aid+	
7. NAMES AND ADDRE	SSES OF THE OFFIC	Child Co CERS: ("X" BOX FOR ATTA	<b>V</b>	•		
President Name			Vice President Name	BEFORE USING AT	TACHMENTS	
Arlene Nap	n a		, <del>, , , , , , , , , , , , , , , , , , </del>			
Street Address	<i></i>		Street Address			
201 Rich	mond Dr.		135 Clark St			
City	State	Zip	City	State	Zip	
Waswick	RI	6 2888	Cumberland	RI	02864	
Secretary Name			Treasurer Name	Treasurer Name		
	rard		Pauline Hy	205		
Street Address	Φ.		Street Address			
<u>35unset</u>	Ur.		170 Prov. Pike	<del>111/5</del>		
	State	Zip	City	State	Zip	
Man Ville	FEES OF THE DANK	0 2838	NSMITHER	RI	02896	
THE NIMBED OF DIE	CTORS OF A DOLL	CTORS: ("X" BOX FOR ATT		BEFORE USING AT	TACHMENTS	
Director Name	CIURS OF A DOM	ESTIC (RHODE ISLAND)	CORPORATION SHALL NO	<u>T BE LESS THAN TI</u>	HREE (3). R.I.G.L. 7-6-23	
	1 - 11 -		Director Name			
REDEC F	reverse		Jackie Plante			
Street Address			Street Address			
	57	[ -	1 Sparrow L	anc		
Die	State	Zip A C A L A	City	State	Zip	
Delingh () M	1/11/F4	62019	Warwick	<u>RI</u>	02889	
Elaine Harnad			Director Name			
Street Address			Anne Flood			
2 Libica	soina Pia-		Street Address	· i		
City	State	Zip	Clay Clay	5 <i>T</i> ·		
Cumberland REGISTERED AGENT	RI IN RHODE ISLAND	02864	Woon	State RI	02895	
			ate. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6	5-13/7-6-78	
This report n	nust be signed by eit	her the President. Vice Pr	esident, Secretary, Assistant Se	ecretary Teasures I	Pagaistas no Tourses	
<u>*</u>	6 01 616		waren, overeigiy, resteidin o	Miciary, Treasurer, F	Receiver or irustee	

File Date	FILED			
Check No	MAY 2 8 2011			
Ву: БҮ	1756			
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.

Pauline Horses	5-20-11
Signature of Officer U	Date
Λ .	

Paulina	Huma
Print or Type Name of	Officer