

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 2011

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.

penacy jee of \$25.00.				•	•	
1. Corporate ID No.	2. Name of Col	2. Name of Corporation				
33875	Eta Chapte	Eta Chapter of Theta Chi Fraternity				
3. State of Incorporation	4. Corporate ac	4 Corporate address in Physical Plant Co.			Zip	
Rhode Island	33 Winsor	Avenue		North Kingstown	02852	
5. Foreign corporation. Enter principal office address			City	State	Zip	
					1	
6. Brief Description of the cha	racter of the affairs wh	ich are actually conducted in Rhod	de Island			
7. NAMES AND ADDRE	SSES OF THE OF	FICEDS. ("V" BOY FOR ATT	4.0711450000 T 5000 000			
President Name	COSES OF THE OF	FICERS: ("A" BOX FOR AIT.		ACES BEFORE USING ATTACH	IMENTS	
Michael Testa			Vice President Name Edward P. Morrone			
Street Address			Street Address			
217 Seaside Dr.			16 Pasadena Avenue			
City	State	Zip	City	State	Zip	
Jamestown	RI	02835	Westerly	Ri	02906	
Secretary Name			Treasurer Name		02000	
John C. Eastman II			John C. Eastman II			
Street Address			Street Address			
33 Winsor Avenue			33 Winsor Avenue			
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852	North Kingstown	RI	02852	
o. NAMES AND ADDRE	SSES OF THE DI	RECTORS: ("X" BOX FOR A1	TACHMENT) TILL IN SPA	ACES BEFORE USING ATTACI	HMENTS	
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLANI	D) CORPORATION SHALL	NOT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
· ·			Director Name			
Michael Testa Street Address			Edward P. Morrone			
217 Seaside Dr.			Street Address			
			16 Pasadena Avenue			
Jamestown	State RI	Zip	City	State	Zip	
Director Name	Į ľXI	02835	Westerly	RI	02891	
Christopher Barnett			Director Name Lorne Adrain			
Street Address			Street Address			
25 Cobblestone Terrace			15 Arnold St.			
City	State	Zip	Ctty	State	1 70	
Cranston	RI	02921-1226	Providence	RI	<i>Zip</i>	
9. REGISTERED AGENT		ND	TOMORIUC	l L/I	02906	
This information is	.al. 8 3 4 4	0.00				
rms information is currer	my of record in the	e Utfice of the Secretary of S	State. Changes require filing	of Form 641 - R.I.G.L. 7-6-13/7	-6-78	
This report r	must be signed by	either the President Vice P	President Secretary Assista	nt Secretary Treasurer Deceiv		

33875	Under penalty of penalty I declare and again that I have examined this
FILED	report, including any accompanying statements, and that all statements contained between are true and correct.
JUN 2 0 2011 Check No.	Signaphre of Officer Date
By	John C. Eastman II Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Secretary Title of Officer