Filing Fee: \$20.00

## To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

## NON-PROFIT CORPORATION

NON-PROFIT CORPORATION			
Cor	rporate ID Number <u>DNP</u>	-26207	Annual Report for the year 2002
1.	The name of the corpora	ition is <u>LAMBDA B</u>	BETA HOUSE CORPORATION OF CHI OMEGA
2. The state or other jurisdiction under the laws of which it is incorporate			,
3.	The address of the registered office of the corporation in this state is 10 FRATERNITY CIRCLE P.O. BOX 675  WAKEFIELD, RI 02880		
	and the name of its registered agent in this state at that address is TARA COSTA		
4.	The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is to promote the general welfare of the Lambda Beta Chapter of Chi Omega, a sprovity on the campus of the University of Rhod Island to provide for a home in the firm of a chapter house for the members of the survey ty and be responsified to uplant and maintenance of said Chapter house. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is		
อ	incorporated is	ine address of its p	Thicipal office in the state of other jurisdiction under the laws of which it is
6.	DARWITE Well Cold DI MARKET		
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, to number of directors of a domestic (Rhode Island) corporation shall not be loss than three (3).)  NAME  OFFICE  ADDRESS			
,— <u> </u>		• • • • • • • • • • • • • • • • • • • •	
	TaraCosta	Director Director	7 Lily Lane Narragansett, RI 02915
<u> </u>			376 Gien Rock Rd. West Kingston, RI 02892
Wendy DiBiasio Director Tara Costa President			64 Sherman St Riverside, RI 02915
_	ma cosia	Vice-President	·
<u> </u>	ennifer Hanson	Secretary	7 Lily Lane Narragansett, RJ 02882
Werdy Dibiasio Treasurer		Treasurer	376 Glen Rock Rd West Kingston, RI 08892
Dated:  * 2 6 2 0 7 *  FOR SECRETARY OF STATE USE ONLY  File Date:  // 2 4 - 0 2  Check No.:			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.
			Exact Name of Chi Omega  Exact Name of Corporation  By
			Form No. 631 Revised 5/98