RI SOS Filing Number: 201294189370 Date: 06/21/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
35850	**RHODE ISLAND ALPHA DELTA KAPPA, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Female educators who raise money to donate to scholashipS that aid and educate children and provide workshops and programs for teachers.**

5. Principal office address	City	State	Zip
101 SHIRLEY DRIVE	**CUMBERLAND**	**RI**	**02864**

LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
JOYCE NEVES	**ANN DOHERTY**
Street Address: **135 CLARK STREET**	Street Address: **41 SANDIEGO STREET**
City: **CUMBERLAND** State: **RI** Zip: **02864**	City: **PROVIDENCE** State: **RI** Zip: **02907**
Secretary Name: **KATHRYN DESJARDINS**	Treasurer Name: **ANNE L. SCHIFINO**
Street Address: **2 SCHOOL STREET**	Street Address: **101 SHIRLEY DRIVE CUMBERLAND**
City: **ALBION** State: **RI** Zip: **02802**	City: **CUMBERLAND** State: **RI** Zip: **02864**

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
ARLENE NAPA	**SUZANNE SMITH**
Street Address: **209 RICHMOND DRIVE**	Street Address: **6 INGRHAM STREET**
City: **WARWICK** State: **RI** Zip: **02888**	City: **CUMBERLAND** State: **RI** Zip: **02864**
Director Name: **ELAINE HARNAD**	Director Name: **PAULINE HYNES**
Street Address: **2 WHISPERING PINES**	Street Address: **170 PROVIDENCE PIKE**
City: **CUMBERLAND** State: **RI** Zip: **02864**	City: **NORTH SMITHFIELD** State: **RI** Zip: **02896**

. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

SECRETARY OF STATE CORPORATIONS DIV. 2012 JUN 21 P 4:07

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 21 2012
By 173171
DS

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.

Anne L Schifino
Signature of Officer — Date

ANNE L. SCHIFINO
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012
79609-2-735642