



**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. <b>35850</b>		2. Exact name of the Corporation <b>RHODE ISLAND ALPHA DELTA KAPPA, INC.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Female educators who raise money to donate to scholarships that aid and educate children and provide workshops and programs for teachers.</b>			
5. Principal office address <b>101 SHIRLEY DRIVE</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>JOYCE NEVES</b>			Vice-President Name <b>ANN DOHERTY</b>		
Street Address <b>135 CLARK STREET</b>			Street Address <b>41 SANDIEGO STREET</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>KATHRYN DESJARDINS</b>			Treasurer Name <b>ANNE L. SCHIFINO</b>		
Street Address <b>2 SCHOOL STREET</b>			Street Address <b>101 SHIRLEY DRIVE CUMBERLAND</b>		
City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>ARLENE NAPA</b>			Director Name <b>SUZANNE SMITH</b>		
Street Address <b>209 RICHMOND DRIVE</b>			Street Address <b>6 INGRHAM STREET</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>ELAINE HARNAD</b>			Director Name <b>PAULINE HYNES</b>		
Street Address <b>2 WHISPERING PINES</b>			Street Address <b>170 PROVIDENCE PIKE</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
<b>REGISTERED AGENT IN RHODE ISLAND</b>					
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

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 \_\_\_\_\_

SECRETARY OF STATE  
 CORPORATIONS DIV  
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