RI SOS Filing Number: 201435562600 Date: 02/13/2014 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 2013

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
28876	The New Sigma Pi Alumni Housing Corporation
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: 2 Fraternity Circle

5. Principal office address	City	State	Zip
	Kingston	RI	02881

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name	Street Address	City	State	Zip
Frank Postma	102 South Woods Dr	Wakefield	RI	02879

Vice-President Name	Street Address	City	State	Zip
George Smith	20624 Capello Drive	Venice	FL	34292

Secretary Name	Street Address	City	State	Zip
Thomas Dolan	6 Jean St	Middletown	RI	02842

Treasurer Name	Street Address	City	State	Zip
Mario Grande	56 Woodhaven Blvd	North Providence	RI	02911

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

Director Name	Street Address	City	State	Zip
Kyle Mulcahey	19 Thames ST	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Nicholas Dasilva	105 Central Avenue	Seekonk	MA	02771

Director Name	Street Address	City	State	Zip
Jonathan Whaley	100 Marlborough St Unit 1B	East Greenwhich	RI	02818

Director Name	Street Address	City	State	Zip
Andrew Morris	271 Table Rock Road	Wakefield	RI	02879

8. 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

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

FILED
FEB 13 2014
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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.

1/28/2014
Signature of Officer — Date

~~Mario~~ Grande
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012

102825-3-943138

Vice President
Walter Laramie
36 South Hill Dr
Narragansett, R
02882