



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000028871

2. Name of Corporation Phi Corporation of Sigma Kappa

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 16 FRATERNITY CIRCLE

City or Town: KINGSTON

State: RI Zip: 02881 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A NON PROFIT CORP PROVIDING HOUSING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	AMINTHA K CINOTTI	12 NORTH DR MIDDLETOWN, RI 02842 USA
TREASURER	SARAH KACHUR	423 WALNUT ST 405 HARRISBURG, PA 17101 USA
DIRECTOR	NANCY JANET	156 FIELDSTONE LANE

		N KINGSTON, RI 02874 USA
DIRECTOR	JOAN HOPKINS	57 GIBBS AVE NEWPORT, RI 02840 USA
DIRECTOR	KAREN ROMANSKI	20 LEDYARD RD NEWPORT, RI 02840 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

AMINTHA K. CINOTTI 12 NORTH DR MIDDLETOWN , RI 02842

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2014 at 8:30:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AMINTHA K. CINOTTI
Signature of Authorized Person

Form No. 631
Revised 09/07

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