



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 27361		2. Exact name of the Corporation Kappa Rho Association of Phi Gamma Delta			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fraternal organization			
5. Principal office address 117 West Alumni Avenue		City Kingston	State RI	Zip 02881	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert W. Marshall		Vice-President Name Richard H. Kingsley			
Street Address 639 Central Avenue		Street Address 85 Clinton Avenue			
City Pawtucket	State RI	Zip 02861	City Jamestown	State RI	Zip 02835
Secretary Name Matthew E. Chudy		Treasurer Name Henry Caniglia			
Street Address 34 Lower College Road		Street Address 32 Hibiscus Drive			
City Kingston	State RI	Zip 02881	City Cranston	State RI	Zip 02902
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William McGrath		Director Name Brian Boucher			
Street Address 11 Osage Road		Street Address 52 Lee Avenue, Apt 1			
City Canton	State MA	Zip 02021	City Newport	State RI	Zip 02840
Director Name Cyrus Agarabi		Director Name Kent Stepanishen			
Street Address 5411 McGrath Blvd.		Street Address 182 E. 95th Street, Apt 6A			
City North Bethesda	State MD	Zip 20852	City New York	State NY	Zip 10128
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 03 2014

File Date _____

Check No _____

By: _____

BY 0491

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.

Matthew Chudy 05/21/14
 Signature of Officer or Authorized Representative Date

Matthew E. Chudy, Secretary, Kappa Rho Assoc. PGD

Print or Type Name of Officer or Authorized Representative