

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.

1. Entity ID No.	2. Exact name of the Corporation					
27361	Kappa Rho Association of Phi Gamma Deita					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Fraternal organization					
5 Principal office address 117 West Alumni Avenue			City Kingston	State	^{Zin} 2881	
B. LIST ALL OFFICERS (NA	AMES AND ADDR	ESSES) ("X" BOX FO	R ATTACHMENT)			
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 (I	NAMES AND ADD	RESSES). RHODE IS	LAND CORPORATIONS MUST	LIST NO LESS THAN	I THREE (3) DIRECTO	
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 current	tly of record in th	e Office of the Secret	tary of State. Changes require f	iling Form 641.	Depresentative Cont.	
This report must be signed b or Trustee	y either the Presid		ecretary, Assistant Secretary, Trea	surer, auly Authorized	пергезептатуе, песет	
		FILE	Under penalty of perju	ury, I declare and affic	rm that I have examine	
File Date	11.07	JUN 0-3 g		any accompanying s	chedules and stateme	
Check No	В	v_0491	Matthew	Elilly	05/41	
Ву:			Signature of Officer or	Authorized Representa	tive Date	
FOR SECRETARY OF ST	FOR SECRETARY OF STATE USE ONLY			Matthew E. Chudy, Secretary, Kappa Rho Assoc. PG		
Form No. 631			Print or Type Name of	Print or Type Name of Officer or Authorized Representative		

Revised: 04/2014