



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 33875		2. Exact name of the Corporation Eta Chapter of Theta Chi Fraternity			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To support the legacy of Eta Chapter through granting of scholarships to family members of alumni brothers attending URI, and through donations to targeted University programs consistent with the aims and ideals of our organization.			
5. Principal office address 25 Ledgewood Ln		City Pascoag	State RI	Zip 02859	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) BY BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Ed Morrone		Vice-President Name Kevin Chronley			
Street Address 16 Pasadena Ave		Street Address 3 Alanna Ct			
City Westerly	State RI	Zip 02891	City Warwick	State RI	Zip 02886
Secretary Name Kevin Callahan		Treasurer Name Kevin Callahan			
Street Address 25 Ledgewood Ln		Street Address 25 Ledgewood Ln			
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS BY BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Peter Rosen		Director Name Russell Knight			
Street Address 10 Vermont Av		Street Address 163 Pierce St			
City Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818
Director Name John Eastman		Director Name			
Street Address 33 Winsor Ave		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
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

File Date: _____
 CHECK NO: _____
 BY: _____ BY: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 10 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.

Kevin C. Callahan 6/4/2014
 Signature of Officer or Authorized Representative Date
Kevin C. Callahan, Secretary/Treasurer
 Print or Type Name of Officer or Authorized Representative