RI SOS Filing Number: 201444505560 Date: 08/19/2014 7:46 PM

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. 000124824

2. Name of Corporation THE DELT FOUNDATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 95 PITMAN STREET
City or Town: PROVIDENCE State: RI Zip: 02906 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

TO MAINTAIN COMMUNICATIONS BY AND AMONGST THOSE PERSONS WHO WERE ONCE MEMBERS OF THE DELTA TAU FRATERNITY AT BROWN UNIVERSITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	RUSSELL SETTIPANE	95 PITMAN ST PROVIDENCE, RI 02906 USA
VICE PRESIDENT	CHARLES LLOYD KIMES	PO BOX 603014 PROVIDENCE, RI 02906 USA

0-2812-0

DIRECTOR	MICHAEL AUDIE	9500 SOUTH DADELAND BLVD, STE 550 MIAMI, FL 33156 USA
DIRECTOR	PATRICK CLARK	89 DAVIS ST CRANSTON, RI 02910 USA
DIRECTOR	BRUCE ALTERMAN	107 WOOD ST MAHOPAC, NY 10541 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

RUSSELL A. SETTIPANE, MD 95 PITMAN STREET PROVIDENCE , RI 02906

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

Signed this 19 Day of August, 2014 at 7:58:26 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 RUSSELL SETTIPANE
Signature of Authorized Person

Form No. 631
Revised 09/07