



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 000027782		2. Exact name of the Corporation Gamma Lambda of Alpha Delta Pi House Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Owns and operates sorority house at the University of Rhode Island, Kingston, R.I.			
5. Principal office address 5 Fraternity Circle		City Kingston		State RI	Zip 02881
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Susan Neff		Vice-President Name None			
Street Address 187 Purgatory Road		Street Address			
City Exeter	State RI	Zip 02892	City	State	Zip
Secretary Name Daria Capalbo		Treasurer Name Donna Rock Sherman			
Street Address 838 Green Hill Beach Road		Street Address 43 Goose Island Road			
City South Kingstown	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kate Audet		Director Name Kathleen Duffy			
Street Address 187 Purgatory Road		Street Address 16 Harbour Terrace			
City Exeter	State RI	Zip 02892	City Cranston	State RI	Zip 02905
Director Name Maria Libro Judge		Director Name Casey Lavin			
Street Address 36 Apple Tree Lane		Street Address 5 Fraternity Circle			
City Portland	State CT	Zip 06480	City Kingston	State RI	Zip 02881
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, Receiver or Trustee

FILED

JUN 19 2015

File Date _____

Check No _____

By: _____

BY 8394

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.

Daria Capalbo 6/16/2015
Signature of Officer Date

Daria Capalbo
Print or Type Name of Officer

Secretary
Title of Officer

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