

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

AMENDED

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. 28871	2. Exact name of the Corporation PHI CORPORATION OF SIGMA KAPPA			
3. State of Incorporation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island A NON PROFIT CORP PROVIDING HOUSING			
5. Principal office address 16 FRATERNITY CIRCLE URI		City KINGSTON	State RI	Zip 02881
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name LISA HUMENIK		Vice-President Name JENNIFER PAINTER		
Street Address 695 PRO MED LANE, SUITE 300		Street Address 695 PRO MED LANE, SUITE 300		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN
Secretary Name ANN-MARIE FONTAINE		Treasurer Name ANN-MARIE FONTAINE		
Street Address 695 PRO MED LANE, SUITE 300		Street Address 695 PRO MED LANE, SUITE 300		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name MONICA LUCK		Director Name JENNIFER RASS		
Street Address 695 PRO MED LANE, SUITE 300		Street Address 695 PRO MED LANE, SUITE 300		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN
Director Name SUSAN WILLIS		Director Name CASEY KELLER		
Street Address 695 PRO MED LANE, SUITE 300		Street Address 695 PRO MED LANE, SUITE 300		
City CARMEL	State IN	Zip 46032	City CARMEL	State IN
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

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 22 2015

A.A. 10:00 A.M.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

Director

Becky Patel
695 Pro Med Lane Suite 300
Carmel, IN 46032



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

