



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: 2016

1. Corporate ID No. 000026163

2. Name of Corporation ALPHA BETA CORPORATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 14 FRATERNITY CIRCLE

City or Town: KINGSTON

State: RI Zip: 02881 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

HOLDING TITLE TO AND MANAGING THE SORORITY CHAPTER HOUSE FOR THE
SIGMA DELTA TAU SORORITY AT THE UNIVERSITY OF RHODE ISLAND

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MELISSA RUBIN	923 EILEEN TERRACE WOODMERE, NY 11598 USA
TREASURER	CATHERINE CATUCCI	5 MEETINGHOUSE LANE OLD LYME, CT 06371 USA

SECRETARY	TAMI ACKERMAN	1 WEST PENN LONG BEACH , NY 11561 USA
DIRECTOR	TAMI ACKERMAN	1 WEST PENN LONG BEACH, NY 11561 USA
DIRECTOR	MELISSA RUBIN	923 EILEEN TERRACE WOODMERE, NY 11598 USA
DIRECTOR	CATHERINE CATUCCI	5 MEETINGHOUSE LANE OLD LYME, CT 06371 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

MARK R. PROVOST, CPA 10 HIGH STREET, SUITE B WAKEFIELD , RI 02879

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

Signed this 16 Day of May, 2016 at 1:06:23 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 MELISSA RUBIN
Signature of Authorized Person

Form No. 631
Revised 09/07