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. 000027356

2. Name of Corporation Kappa Delta Phi National Affiliated Sorority, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 10 WEYBOSSET STREET
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 8 S GENESEE ST

City or Town: REVERE State: MA Zip: 02151 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CLERICAL AND ADMINISTRATIVE DUTIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	SARA HAUSER	6811 OWLS HEAD CT APT 2A BROOKLYN, NY 11220 USA
EXECUTIVE DIRECTOR	ELIZABETH HARTFORD	8 S GENESEE ST REVERE, MA 02151 USA
DIRECTOR	AMANDA ROBERGE	109 WATERBORO RD

		HOLLIS, ME 04042 USA
DIRECTOR	DANIELLE YOUNG	18 LINCOLN AVENUE NEW HYDE PARK, NY 11040 USA
DIRECTOR	JESSICA MORAN	88 BASEL ROAD PINE BUSH, NY 12566 USA
DIRECTOR	JENNIFER SHIPP	31 BREWSTER ST NORTH ANDOVER, MA 01845 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 17 Day of June, 2016 at 9:48:47 AM 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 ELIZABETH HARTFORD
Signature of Authorized Person

Form No. 631
Revised 09/07

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