



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. 000027361

2. Name of Corporation Kappa Rho Association of Phi Gamma Delta

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 117 WEST ALUMNI AVENUE

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

FRATERNAL ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ROBERT W MARSHALL	639 CENTRAL AVENUE PAWTUCKET, RI 02861 USA
SECRETARY	MATTHEW CHUDY	21 WILL CROFT CUMBERLAND, RI 02864 USA
DIRECTOR	CYRUS AGARABI	5411 MCGRATH BLVD

		NORTH BETHESDA, MD 20852 USA
DIRECTOR	WILLIAM MCGRATH	11 OSAGE ROAD CANTON, MA 02021 USA
DIRECTOR	KENT STEPANISHEN	182 E. 95TH STREET APT 6A NEW YORK, NY 10128 USA
DIRECTOR	RICHARD KINGSLEY	85 CLINTON AVE JAMESTOWN, RI 02835 USA
DIRECTOR	RYAN ELSMORE	24 BROOK ROAD APT 3 QUINCY, MA 02169 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**

RICHARD H. KINGSLEY 85 CLINTON AVENUE JAMESTOWN , RI 02835

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

Signed this 28 Day of June, 2016 at 12:02:45 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 MATTHEW E CHUDY
Signature of Authorized Person

Form No. 631
Revised 09/07

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