State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUL -7 PM 1:22

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
26151	**Sigma Chi URI Alumni Corporation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Operation of fraternity and maintenance of a house at University of Rhode Island**

5. Principal Office Address	City	State	Zip
2 Williams Street	**Providence**	**RI**	**02903**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Dale G. Harrington**			Vice-President Name **David P. Destefano**		
Street Address **81 Buena Vista Drive**			Street Address **155 Adirondack Drive**		
City **Wickford**	State **RI**	Zip **02852-63**	City **East Greenwich**	State **RI**	Zip **02818**
Secretary Name **Timothy J. Marran**			Treasurer Name **William F. Greene**		
Street Address **1 Secluded Drive**			Street Address **P.O. Box 177**		
City **Wakefield**	State **RI**	Zip **02879**	City **East Greenwich**	State **RI**	Zip **02818**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Charles Harrington**			Director Name **Donald P. Wilkinson**		
Street Address **45 Brassie Way**			Street Address **P.O. Box 1991**		
City **North Reading**	State **MA**	Zip **01864**	City **East Greenwich**	State **RI**	Zip **02818**
Director Name **Richard Mayoh**			Director Name **Mark J. Trovato**		
Street Address **P.O. Box 159**			Street Address **1225 Tuckertown Road**		
City **Conover**	State **WI**	Zip **54519**	City **Wakefield**	State **RI**	Zip **02879**

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Dale G. Harrington	June 21, 2016

Signature of Officer/Authorized Representative
Dale G Harrington SIGN DOCUMENT HERE

FILED
JUL 07 2016
By 278487

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016