



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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SECRETARY OF STATE
CORPORATIONS DIVISION

1. Entity ID Number <u>000029736</u>		2. Exact name of the Corporation <u>Phi Sigma Delta Alumni Association of the University of Rhode Island</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Housing Corporation for Zeta Beta Tau Fraternity at URI</u>	
5. Principal Office Address <u>34 Lower College Rd</u>		City <u>Kingston</u>	State <u>RI</u>
		Zip <u>02881</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Bryan Ferguson</u>		Vice-President Name <u>David Bedard</u>	
Street Address <u>8 Denise Lane</u>		Street Address <u>178 Riverdell Dr</u>	
City <u>N. Attleboro</u>	State <u>MA</u>	City <u>Saunders town</u>	State <u>RI</u>
Zip <u>02760</u>		Zip <u>02874</u>	
Secretary Name <u>Craig Rabitaille</u>		Treasurer Name <u>Curtis Sellon</u>	
Street Address <u>6 Old Carriage Rd</u>		Street Address <u>40 Stream View Dr</u>	
City <u>W. Warwick</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02864</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>David Bedard</u>		Director Name <u>Craig Rabitaille</u>	
Street Address <u>178 Riverdell Dr</u>		Street Address <u>6 Old Carriage Rd</u>	
City <u>Saunders town</u>	State <u>RI</u>	City <u>W. Warwick</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02893</u>	
Director Name <u>Bryan Ferguson</u>		Director Name	
Street Address <u>8 Denise Lane</u>		Street Address	
City <u>N. Attleboro</u>	State <u>MA</u>	City	State
Zip <u>02760</u>		Zip	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Craig Rabitaille</u>			Date <u>8-2-16</u>
Signature of Officer/Authorized Representative <u>Craig Rabitaille</u>			

FILED

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MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov