

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Articles of Incorporation Non-Profit Corporation

Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of

incorporation for such corporation:	
The name of the corporation is:	
Phi Kappa Psi Rl Beta Colony	
2. The period of its duration is: CHECK ONL	Y ONE BOX
Perpetual (on-going)	
Date certain for dissolution	
3. The specific purpose or purposes for which	the corporation is organized are:
To operate a local collegiate chapte	er of a national college fraternity organization.
4 Provisions if any not inconsistant with the	Check the box to indicate an attachment.
incorporation for the regulation of the internal	law, which the incorporators elect to set forth in these articles of affairs of the corporation are:
5. Name and address of the initial registered a	Check the box to indicate an attachment.
Name Bruce Tavares	genromee in Midde Island Is.
Street Address (<u>NOT</u> a P.O. Box) c/o Frater	nity Managers Association 34 Lower College Road
City Kingston	State Zip Code 02881

FILED
AUG 15 2016 11:57
BY __ 281361

Form No. 200 Revised: 2016

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6. The number of the initial Board of Directors of the Corporation is and address of the persons who are to serve as the initial directors are:			
NAME	ADDRESS		
Austin Shission	34 Lower College Road, Kingston, RI 02881		
Joshua D'Ambra	34 Lower College Road, Kingston, RI 02881		
Ross Balding	34 Lower College Road, Kingston, RI 02881		
	Check the box to in	dicate an attachment.	
7. The name and address of each incorporator is:			
NAME	ADDRESS		
Bruce Tavares	34 Lower College Road, Kingston, RI 02881		
Check the box to indicate an attachment.			
8. Date when these articles will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.			
Signature of Incorporator	Type or Print Name of Incorporator	Date ,	
Brue Tavares,	BRUCE TAVARES	8/9/16	
Signature of Incorporator	Type or Print Name of Incorporator	Date /	
S 04 00 05 75 0 4 68 7		·	
Signature of Incorporator	Type or Print Name of Incorporator	Date	
Alam DDT (MELLINER)			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

