



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
1016 AUG 15 AM 11:57

**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:

1. The name of the corporation is:		
<b>Phi Kappa Psi RI Beta Colony</b>		
2. The period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are:		
<b>To operate a local collegiate chapter of a national college fraternity organization.</b>		
Check the box to indicate an attachment. <input type="checkbox"/>		
4. Provisions, if any, not inconsistent with the law, which the incorporators elect to set forth in these articles of incorporation for the regulation of the internal affairs of the corporation are:		
Check the box to indicate an attachment. <input type="checkbox"/>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Name <b>Bruce Tavares</b>		
Street Address (NOT a P.O. Box) <b>c/o Fraternity Managers Association 34 Lower College Road</b>		
City <b>Kingston</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02881</b>

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BY 281361

6. The number of the initial Board of Directors of the Corporation is 3 (not less than 3 directors) and the names 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 indicate 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 <i>Bruce Tavares</i>	Type or Print Name of Incorporator BRUCE TAVARES	Date 8/8/16
Signature of Incorporator <i>[Signature]</i>	Type or Print Name of Incorporator	Date
Signature of Incorporator <i>[Signature]</i>	Type or Print Name of Incorporator	Date

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](mailto:corporations@sos.ri.gov).