



Department of State - Business Services Division

Annual Report for the year: 2017
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 35850		2. Exact name of the Corporation Rhode Island Alpha Delta Kappa, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational, altruistic			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 6 Sutcliffe Circle		City Rumford	State RI	Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathryn Desjardins			Vice-President Name Patricia McHugh		
Street Address PO Box 261			Street Address 10 Hidden Valley Lane		
City Albion	State RI	Zip 02802	City Lincoln	State RI	Zip 02865
Secretary Name Linda Menard			Treasurer Name Ann Nancy Capineri		
Street Address 68 C Hilltop Drive			Street Address 6 Sutcliffe Circle		
City North Providence	State RI	Zip 02908	City Rumford	State RI	Zip 02916
8. 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 Suzanne Smith			Director Name Mercedes Mahoney		
Street Address 6 Ingraham Stree			Street Address 15 Dulles Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Elizabeth Keegan			Director Name		
Street Address 3 Douglas Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Ann Capineri					Date 6-10-17
Signature of Officer/Authorized Representative <i>Ann Capineri</i>					

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

FILED
 JUN 14 2017
 BY 1934 DS