

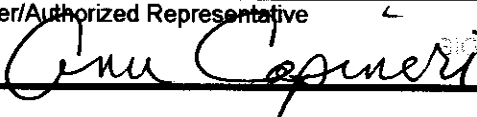


Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- 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 					

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

FILED

JUN 14 2017

BY

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