



State of Rhode Island and Providence Plantations
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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 JUN 27 AM 10:58

1. Entity ID Number 26147		2. Exact name of the Corporation The Delta Kappa Gamma Society of the of State Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MISSION ~ The Delta Kappa Gamma Society - Alpha Omega State promotes professional and personal growth of women educators and excellence in education. VISION ~ Leading Women Educators Impacting Education Worldwide. The purposes of this Corporation are:			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 19 Sage Drive		City Warwick	State RI	Zip 02886-6826	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol L Beatrice			Vice-President Name Janice Tetreault		
Street Address 2 Stone Gate Drive			Street Address 181 Candy Apple Lane		
City North Kingstown	State RI	Zip 02852	City Saunderstown	State RI	Zip 02874
Secretary Name Kathy Curtis			Treasurer Name Sarah A Connors		
Street Address 5 Green Meadows Drive			Street Address 19 Sage Drive		
City Narragansett	State RI	Zip 02882	City	State RI	Zip 02886
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 JoAnn Sugden			Director Name Pamela Wamester		
Street Address 377 Summer Street			Street Address 55 Leawood Drive		
City Woonsocket	State RI	Zip 02895	City Cranston	State RI	Zip 02920
Director Name Julie Goulet			Director Name		
Street Address 215 Crestwood Road			Street Address		
City Warwick	State RI	Zip 02886	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 Carol L Beatrice - President or Janice Tetreault - Vice President				Date June 19, 2017	
Signature of Officer/Authorized Representative <i>Carol L Beatrice</i>					

FILED

JUN 27 2017

BY 1804

Check 1204