



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 JUL 27 PM 1:03

1. Entity ID Number 31791		2. Exact name of the Corporation Phi Mu Delta Alumni Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to operate a fraternity chapter house			
4. NAICS Code 813990					
6. Principal Office Address 5 Benefit Street		City Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jeffrey Taber		Vice-President Name None			
Street Address 20 Mallard Cove Way		Street Address None			
City Barrington	State RI	Zip 02806	City None	State None	Zip None
Secretary Name Carl B. Lisa		Treasurer Name Charles Gilmore			
Street Address 5 Benefit Street		Street Address 285 Reservoir Avenue			
City Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Jeffrey Taber		Director Name Carl B. Lisa			
Street Address 20 Mallard Cove Way		Street Address 5 Benefit Street			
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02904
Director Name Charles Gilmore		Director Name None			
Street Address 285 Rervoir Avenue		Street Address None			
City Lincoln	State RI	Zip 02865	City None	State None	Zip None
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 Charles Gilmore, Treasurer				Date 6/1/2017	
Signature of Officer/Authorized Representative 					

**FILED**

JUL 27 2017

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