



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000028876

**2. Name of Corporation** THE NEW SIGMA PI ALUMNI HOUSING CORPORATION, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

**4. Corporate Address in Rhode Island**

No. and Street: 2 FRATERNITY CIRCLE URI

City or Town: KINGSTON

State: RI Zip: 02881 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

LITERARY, BENEVOLENT, SOCIAL AND EDUCATIONAL INTERESTS OF ITS MEMBERS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.*

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK POSTMA	102 SOUTHWOODS DRIVE WAKEFIELD, RI 02879 USA
TREASURER	MARIO GRANDE	56 WOODHAVEN BLVD NORTH PROVIDENCE, RI 02911 USA
SECRETARY	THOMAS DOLAN	6 JEAN ST MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	GEORGE SMITH	202624 CAPELLO DR VENICE , FL 34292 USA
VICE PRESIDENT	WALTER LARAMIE	36 SOUTH HILL DR NARRAGANSETT, RI 02882 USA
DIRECTOR	EDMUND ANDREW MORRIS	4565 BARCLAY FAIR WAY LAKE WORTH, FL 33449 USA
DIRECTOR	KYLE MULCAHEY	333 ATWELLS AVE PROVIDENCE, RI 02903 USA
DIRECTOR	NICHOLAS A. DASILVA ESQ.	313 BLOOMFIELD STREET PAWTUCKET, RI 02861 USA
DIRECTOR	JONATHAN WHALEY	301 OAKWOODS AVE SOUTH KINGSTOWN, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KENNETH J. RAMPINO, ESQ. 615 JEFFERSON BOULEVARD WARWICK , RI 02886

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 16 Day of April, 2018 at 8:55:08 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By MARIO L GRANDE  
Signature of Authorized Person

Form No. 631  
Revised 09/07