



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
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 001665941		2. Exact name of the Corporation Phi Kappa Psi RI Beta Colony			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Collegiate Chapter of a national Fraternity organization			
4. NAICS Code 813410					
6. Principal Office Address Fraternity Managers Association 34 Lower College Rd		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Zachary Lerahan		Vice-President Name Jake Duerwild			
Street Address 34 Lower College Rd		Street Address 34 Lower College Rd			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Michael Chapman		Treasurer Name Chad Chelo			
Street Address 34 Lower College Rd		Street Address 34 Lower College Rd			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Zachary Lerahan		Director Name Jake Duerwild			
Street Address 34 Lower College Rd		Street Address 34 Lower College Rd			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Director Name Michael Chapman		Director Name Chad Chelo			
Street Address 34 Lower College Rd		Street Address 34 Lower College Rd			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Chad Chelo - Chapter Treasurer				Date 5/21/18	
Signature of Officer/Authorized Representative - Chapter Treasurer					

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

FILED

MAY 23 2018

BY

FORM 631 - Revised: 11/2017