



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.

FILED
 JUN 25 2018
 BY *[Signature]*

1. Entity ID Number 000027782		2. Exact name of the Corporation Gamma Lambda of Alpha Delta Pi House Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Owns and operates sorority house at the University of Rhode Island, Kingston, R.I			
4. NAICS Code 611310 - Colleges, Universities					
6. Principal Office Address 5 Fraternity Circle			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Neff			Vice-President Name None		
Street Address 187 Purgatory Road			Street Address		
City Exeter	State RI	Zip 02892	City	State	Zip
Secretary Name Daria Capalbo			Treasurer Name Donna Rock Sherman		
Street Address PO Box 849			Street Address 43 Goose Island Road		
City Charlestown	State RI	Zip 02813	City Narragansett	State RI	Zip 02882
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 Kate Audet			Director Name Kathleen Duffy		
Street Address 187 Purgatory Road			Street Address 16 Harbour Terrace		
City Exeter	State RI	Zip 02892	City Cranston	State RI	Zip 02905
Director Name Maria Libro Judge			Director Name		
Street Address 36 AppleTree Lane			Street Address		
City Portland	State CT	Zip 06480	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 Daria Capalbo / Secretary					Date 6/21/2018
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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