



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
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1. Entity ID Number 000028876		2. Exact name of the Corporation THE NEW SIGMA PI ALUMNI HOUSING CORPORATION,			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Literary, Benevolent, Social, and Educational Interests of its members.			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 2 Fraternity Circle		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Frank Postma		Vice-President Name George Smith			
Street Address 102 Southwoods Drive		Street Address 202624 Capello Dr			
City Wakefield	State RI	Zip 02911	City Venice	State FL	Zip 34292
Secretary Name Thomas Dolan		Treasurer Name Mario Grande			
Street Address 6 Jean St		Street Address 56 Woodhaven Blvd			
City Middletown	State RI	Zip 02842	City North Providence	State RI	Zip 02911
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 Edmund Andrew Morris		Director Name Kyle Mulcahey			
Street Address 4565 Barclay Fair Way		Street Address 333 Atwells Ave			
City Lake Worth	State FL	Zip 33449	City Providence	State RI	Zip 02903
Director Name Nicholas A Dasilva Esq.		Director Name Jonathan Whaley			
Street Address 313 Bloomfield St		Street Address 301 Oakwoods Ave			
City Pawtucket	State RI	Zip 02861	City South Kingstwon	State RI	Zip 02879
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 Mario Grande, Treasurer				Date 4/11/2019	
Signature of Officer/Authorized Representative FILED					

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

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Vice President
Walter Laramie
36 South Hill DR
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