



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

Annual Report for the year: **2019**

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

JUL 01 2019

BY

1839 DS

1. Entity ID Number 000026147		2. Exact name of the Corporation The Delta Kappa Gamma Society of the State of RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Mission Statement: The Delta Kappa Gamma Society - Rhode Island State Organization (Alpha Omega State) promotes personal growth of women educators and excellence in education. Vision: Leading Women Educators Impacting Education Worldwide.			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 19 Sage Drive			City Warwick	State RI	Zip 02886-6826
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol L Beatrice			Vice-President Name Joyce Stevos		
Street Address 2 Stone Gate Drive			Street Address 57 Althea Street		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02907-2804
Secretary Name JoAnn Sugden			Treasurer Name Sarah A Connors		
Street Address 377 Summer Street			Street Address 19 Sage Drive		
City Woonsocket	State RI	Zip 02895	City Warwick	State RI	Zip 02886-6826
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 Julie Goulet			Director Name Danielle Langlois		
Street Address 215 Crestwood Road			Street Address 2 Holiday Court		
City East Greenwich	State RI	Zip 02886-9411	City Lincoln	State RI	Zip 02865
Director Name Pam Wamester			Director Name Geraldine Bastia		
Street Address 55 Leawood Drive			Street Address 25 Osceola Avenue		
City Cranston	State RI	Zip 02920-1311	City Warwick	State RI	Zip 02888-4319
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 Carol Beatrice, President				Date June 14, 2019	
Signature of Officer/Authorized Representative <i>Carol L Beatrice</i> ^SIGN DOCUMENT HERE					

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

FORM 631 - Revised: 11/2017