



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
 OCT 11 2019
 BY 8006 DS

1. Entity ID Number 000037868		2. Exact name of the Corporation Tau Omega Chapter of Tau Epsilon Phi						
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Provide a Fraternal Alumni Organization which adheres to the teachings and mission of Tau Epsilon Phi Fraternity.						
4. NAICS Code 813410								
6. Principal Office Address 59 St. Lawrence Way				City North Attleboro		State MA	Zip 02760	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Brian Dungey			Vice-President Name Jared Jackson					
Street Address 14 Pond View Ave			Street Address 59 St. Lawrence Way					
City Medfield		State MA	Zip 02052		City North Attleboro		State MA	Zip 02760
Secretary Name Douglas Gladue			Treasurer Name Timothy Hole					
Street Address 147 Sperry Drive			Street Address 22 Browns Ave					
City Gulford		State CT	Zip 06437		City Waltham		State MA	Zip 02453
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 Peter Donnelly			Director Name					
Street Address 75 Cemeron Way			Street Address					
City Rehoboth		State MA	Zip 02769		City		State	Zip
Director Name Mark Tent			Director Name Dylan Moore					
Street Address 15 Dartmouth			Street Address 16 Iron Horse Drive, K304					
City Marblehead		State MA	Zip 01945		City Longmont		State CO	Zip 80501
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 Jared Jackson						Date 10/08/2019		
Signature of Officer/Authorized Representative SIGNATURE 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