



RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2020 JAN 14 PM 2:51

Certificate of Authority
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Kappa Alpha Psi Fraternity, Inc.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application. Kappa Alpha Psi Fraternity, Inc. Lambda Xi Chapter		
2. It is incorporated under the laws of: Indiana		
3. The date of its incorporation is: May 15, 1911		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: 2322-24 N Broad St, Philadelphia, IN 191312, USA		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Marvin Barksdale		
Street Address (NOT a P.O. Box) 1117 Douglas Ave Suite 502		
City/Town North Providence	State RHODE ISLAND	Zip Code 02904

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
 2:51
 JAN 14 2020
 BY **AL DAYNE**

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:
To unite college men of culture, patriotism, and honor, in a bond of fraternity. To Encourage honorable Achievement in every field of human endeavor. To promote spiritual, social, intellectual, and moral welfare of its members. To assist in the aims and purposes of colleges and universities. To inspire service in the public interest.

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

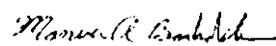
OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President	Marvin A Barksdale	1117 Douglas Ave Suite 502 North Providence, RI 02904
Vice President		
Treasurer		
Secretary	Evan Jackson	69 Brown Street Providence, RI 02912

Check the box to indicate an attachment

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Marvin A Barksdale	Date 1/14/2020
---	--------------------------

Signature of President OR Vice President
 SIGN DOCUMENT HERE

Type of Print Name of <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Evan Jackson	Date 1/14/2020
--	--------------------------

Signature of Secretary OR Assistant Secretary
 SIGN DOCUMENT HERE

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KAPPA ALPHA PSI FRATERNITY INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 15, 1911, and was in existence or authorized to transact business in the State of Indiana on January 13, 2020.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 13, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

191254-046 / 20201263387

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 12, 2020.