RI SOS Filing Number: 202035931740 Date: 3/5/2020 1:08:00 PM

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.

RECEIVED SECRETARY OF STATE CORPORATIONS DIVISION 2020 MAR -5 P 1:07

1. Entity ID Number	2. Exact name of the Corporation
000026207	Lambda Beta House Corporation of Chi Omega
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide a house for the members of the Lambda Beta Chapter of Chi Omega on the UNiversity of Rhode Island campus.
4. NAICS Code: 813319 - Other Social Adv	

6. Principal Office Address	City	State	Zip
10 Fraternity Circle	Kingstown	RI	02881

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Margaret L. Hogan			Vice-President Name: Keri Greene		
Street Address: 128 Auburn Drive			Street Address: 27 Cecelie Street		
City: Charlestown	State: RI	Zip: 02813	City: Lincoln	State: RI	Zip: 02865
Secretary Name:			Treasurer Name: Tristen Urbani		
Street Address:			Street Address: 64 Benham Road		
City:	State:	Zip:	City: Groton	State: CT	Zip: 06340

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Margaret L. Hogan			Director Name: Keri Greene		
Street Address: 128 Auburn Drive			Street Address: 27 Cecile Street		
City: Charlestown	State: RI	Zip: 02813	City: Lincoln	State: RI	Zip: 02865
Director Name: Tristen Urbani			Director Name: Alicia Wolny		
Street Address: 64 Benham Road			Street Address: 19 Daniels Raod		
City: Groton	State: CT	Zip: 06340	City: Mendon	State: MA	Zip: 01756

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Margaret L. Hogan	3/2/2020

Signature of Officer/Authorized Representative: Margaret L Hogan — SIGN DOCUMENT HERE

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MAR 05 2020
BY QH933 1:08

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: 06/2019