



RI SOS Filing Number: 202042488910 Date: 6/18/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 18 2020

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Annual Report for the year:

Non-Profit Corporation

2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 35 850		2. Exact name of the Corporation Rhode Island Alpha Delta Kappa, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational, altruistic, scholarship's	
4. NAICS Code 813319			
6. Principal Office Address 6 Sutcliffe Circle		City Rumford	State RI
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kathryn Desjardins		Vice-President Name Wendy Hickey	
Street Address P.O. Box 261		Street Address 4 Osage Drive	
City Albion	State RI	City Warwick	State RI
Zip 02802		Zip 02888	
Secretary Name Linda Dwyer		Treasurer Name Ann Nancy Capineri	
Street Address 7 Barway Lane		Street Address 6 Sutcliffe Circle	
City Cumberland	State RI	City Rumford	State RI
Zip 02864		Zip 02916	
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 Patricia McHugh		Director Name Renee Fleurette	
Street Address PO Box 26		Street Address 15 Scott St.	
City Albion	State RI	City Bellingham	State MA
Zip 02802		Zip 02019	
Director Name Linda Menard		Director Name Elaine Harnad	
Street Address 68 C Hilltop Drive		Street Address 2 Whispering Pines	
City No. Providence	State RI	City Cumberland	State RI
Zip 02908		Zip 02864	
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 Ann Capineri, Treasurer			Date 6/15/20
Signature of Officer/Authorized Representative			
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