



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

FILED

JUN 18 2020

1985

Annual Report for the year: 2020
 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.

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, scholarships			
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	Zip 02802	City Warwick	State RI	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	Zip 02864	City Rumford	State RI	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	Zip 02802	City Bellingham	State MA	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	Zip 02908	City Cumberland	State RI	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Ann Capineri, Treasurer					Date 6/15/20
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE