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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020

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Annual Report for the year: **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	2. Exact name of the Corporation			
59507	ALPHA CHI OMEGA HOUSE CORPORATION FOR GAMMA SIGMA CHAPTER			
3. State of Incorporation	5. Brief description of the chara	cter of business conducted in Rhode Is	land	
R. 1.	PROVIDE HOUSI	16 FOR A SORORITY	CHAPTER AT THE	
4. NAICS Code	UNIVERSITY	OF RHODE ISLAND		
611310				
6. Principal Office Address		City	State Zip	
2783 KINGS	TOWN ROAD	KING STON	R.I. 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name SUSAN M. SMITH		Vice-President Name DIANE JANAROS		
112 WESTWIND ROAD		Street Address		
City SOUTH KINGSTOWN	State R.1. Zip 0287	City	State Zip 02840	
Secretary Name	BRACKETT	Treasurer Name LINDA N	PERLINO	
Street Address 10 ASPINET DRIVE		Street Address 15 ANN MARY BROWN DR.		
City WARWICK	State R / Zip 02888		State R1 Zip 02888	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name SUSAN M. SMITH		Director Name DIANE JANAKOS		
Street Address 1/2 WESTWIND ROAD		Street Address 3 MICHAEL TERRACE		
SOUTH KINGSTOWN	State R1 Zip 0287	9 City NEWPORT	State Zip 02840	
Director Name	BRACKETT	Director Name LINDA /	MELLINO	
		Street Address /S ANN MA	Street Address /S ANN MARY BROWN DR.	
City WARWICK	State Zip OZ 8 88	City	State R1 Zip 02888	
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				
VENNIFEL BRACKETT SECRETARY 6-25-2020				
Signature of Officer/Authorized Representative Jeringin Brackett Secretary 6-25-2020 Signature of Officer/Authorized Representative Jeringin Brackett				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

Attachment for the Non-Profit Corporation Annual Report for 2020

Entity ID: 59507, Alpha Chi Omega House Corporation Board for Gamma Sigma Chapter

Section 8: List of Directors (Continued)

Marian Bowers 43 Conant Lane Kingston, RI 02881

Christine Fuller 6 Juniper Drive Ashaway, RI 02804

Kathryn Gennari 431 Broad Rock Road Wakefield, RI 02879

Nancy Gage 49 Roger Williams Avenue Rumford, RI 02916