



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

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

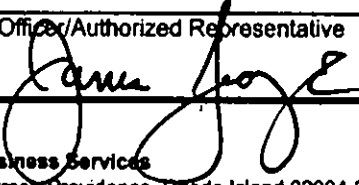
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED STAMP

JUL 16 2020

BY

1014 OS

1. Entity ID Number 26151		2. Exact name of the Corporation Sigma Chi URI Alumni Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation and maintenance of fraternity house at 13 Fraternity Circle, Kingston, RI			
4. NAICS Code 611110 - Elementary and Se					
6. Principal Office Address 2 Williams Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James George			Vice-President Name Tom Murphy		
Street Address 27 Isabelle Drive			Street Address 25 Highland Drive		
City Narragansett	State RI	Zip 02882	City Westerly	State RI	Zip 02891
Secretary Name Tim Marran			Treasurer Name Mike Murray		
Street Address 1 Secluded Drive			Street Address 26 Eastwick Road		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Charles Harrington			Director Name Richard Jordan		
Street Address 45 Brassie Way			Street Address 43 Hybrid Drive		
City North Reading	State MA	Zip 01864	City Cranston	State RI	Zip 02920
Director Name Richard Mayoh			Director Name Dale Harrington		
Street Address P.O. Box 159			Street Address 81 Buena Vista Drive		
City Conover	State WI	Zip 54519	City North Kingstown	State RI	Zip 02852
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative James George - President					Date 7/3/20
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov