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 DS

1. Entity ID Number	2. Exact name of the Corporation
26151	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	City	State	Zip
2 Williams Street	Providence	RI	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.

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
James George - President	7/3/20

Signature of Officer/Authorized Representative: James George — 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

FORM 631 - Revised: 06/2019