



RI SOS Filing Number: 202071970200 Date: 11/4/2020 3:34:00 PM

State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 NOV -4 P 3:33

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 000511366		2. Exact name of the Corporation Omega Psi Phi Fraternity Inc. Sigma Nu Chapter			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION, THAT GATHERS TO DO COMMUNITY SERVICE.			
4. NAICS Code 813110					
6. Principal Office Address 117 DANTE ST #2			City PROVIDENCE	State RI	Zip 02908
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name CHACE BAPTISTA			Vice-President Name		
Street Address 117 DANTE ST #2			Street Address		
City PROV	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 RICHARD DANIEL			Director Name JEROME MORGAN		
Street Address 4 CLARENCE ST			Street Address 231 PLEASANT ST		
City WORCESTER	State MA	Zip 01605	City PROVIDENCE	State RI	Zip 02906
Director Name JEAN AUBORG			Director Name		
Street Address 239 LAUREL HILL AVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 CHACE BAPTISTA					Date 11.1.20
Signature of Officer/Authorized Representative					

FILED^m

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CH GHSJ4
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FORM 631 - Revised: 08/2020