



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
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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 <b>000511366</b>		2. Exact name of the Corporation <b>Omega Psi Phi Fraternity Inc. Sigma Nu Chapter</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>FRATERNAL ORGANIZATION, THAT GATHERS TO DO COMMUNITY SERVICE.</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>117 DANTE ST #2</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <b>CHACE BAPTISTA</b>			Vice-President Name		
Street Address <b>117 DANTE ST #2</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02908</b>	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. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name <b>RICHARD DANIEL</b>			Director Name <b>JEROME MORGAN</b>		
Street Address <b>4 CLARENCE ST</b>			Street Address <b>231 PLEASANT ST</b>		
City <b>WORCESTER</b>	State <b>MA</b>	Zip <b>01605</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>JEAN AUBORG</b>			Director Name		
Street Address <b>239 LAUREL HILL AVE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>CHACE BAPTISTA</b>					Date <b>11.1.20</b>
Signature of Officer/Authorized Representative					

FILED <sup>m</sup>

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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