RI SOS Filing Number: 202195135680 Date: 3/29/2021 1:17:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

RECEIVED
R.I. DEPT. OF STATE
2021 MAR 29 P 1:14

1. Entity ID Number	2. Exact name of the Corporation
27222	Beta Psi Alpha Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Undergraduate housing
4. NAICS Code: 624229	

6. Principal Office Address	City	State	Zip
29 Institute Lane, Apt #3	North Scituate	RI	02857

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Stephen M. Russo	Anthony Palmisano
Street Address: 189 Hudson Pond Road	Street Address: 146 Alton Bradford Rd.
City: West Greenwich, State: RI, Zip: 02817	City: Bradford, State: RI, Zip: 02808
Secretary Name	**Treasurer Name**
Arthur J. Sepe Jr.	Anthony Palmisano
Street Address: 29 Institute Lane #3	Street Address: 146 Alton Bradford Rd.
City: North Scituate, State: RI, Zip: 02857	City: Bradford, State: RI, Zip: 02808

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Scott Krajewski	Joseph Formicola
Street Address: 2041 W Musket Pl	Street Address: 90 Alton Rd, Apt 2309
City: Chandler, State: AZ, Zip: 85286	City: Miami Beach, State: FL, Zip: 33139
Director Name: Michael Russo	Director Name:
Street Address: 90 Channel Vw Unit 3	Street Address:
City: Warwick, State: RI, Zip: 02889	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	Date
Arthur J. Sepe Jr.	3/21/21

Signature of Officer/Authorized Representative: Arthur J. Sepe Jr.

FILED
MAR 29 2021
BY: QUHQ
1:17

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: 08/2020