



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2019

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAR 29 P 1:14

1. Entity ID Number <u>27222</u>		2. Exact name of the Corporation <u>Beta Psi Alpha Inc.</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Undergraduate housing</u>	
4. NAICS Code <u>624229</u>			
6. Principal Office Address <u>29 Institute Lane, Apt #3</u>		City <u>North Scituate</u>	State <u>RI</u>
		Zip <u>02857</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Stephen M. Russo</u>		Vice-President Name <u>Anthony Palmisano</u>	
Street Address <u>189 Hudson Pond Road</u>		Street Address <u>146 Alton Bradford Rd.</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>Bradford</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02808</u>	
Secretary Name <u>Arthur J. Sepe Jr.</u>		Treasurer Name <u>Anthony Palmisano</u>	
Street Address <u>29 Institute Lane #3</u>		Street Address <u>146 Alton Bradford Rd.</u>	
City <u>North Scituate</u>	State <u>RI</u>	City <u>Bradford</u>	State <u>RI</u>
Zip <u>02857</u>		Zip <u>02808</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Scott Krajewski</u>		Director Name <u>Joseph Formicola</u>	
Street Address <u>2041 W Musket Pl</u>		Street Address <u>90 Alton Rd, Apt 2309</u>	
City <u>Chandler</u>	State <u>AZ</u>	City <u>Miami Beach</u>	State <u>FL</u>
Zip <u>85286</u>		Zip <u>33139</u>	
Director Name <u>Michael Russo</u>		Director Name	
Street Address <u>90 Channel Vw Unit 3</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
Zip <u>02889</u>		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 <u>Arthur J. Sepe Jr.</u>			Date <u>10/9/20</u>
Signature of Officer/Authorized Representative <u>Arthur J. Sepe Jr.</u>			

FILED

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