



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAY - 31
 A 10:27:

1. Entity ID Number 000519736		2. Exact name of the Corporation Eta Zeta of Lambda Chi Alpha			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of Fraternity Facilities			
4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/>					
6. Principal Office Address 34 Lower College Road		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Beaudette			Vice-President Name Thomas LaFauci		
Street Address 36 Keel Avenue			Street Address 41 Pendleton Farm Lane		
City Jamestown	State RI	Zip 02835	City Mystic	State CT	Zip 06355
Secretary Name Thomas LaFauci			Treasurer Name Robert Smedberg		
Street Address 41 Pendleton Farm Lane			Street Address 109 Howard Avenue		
City Mystic	State CT	Zip 06355	City Hope	State RI	Zip 02831
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 Daniel Beaudette			Director Name Robert Smedberg		
Street Address 36 Keel Avenue			Street Address 109 Howard Avenue		
City Jamestown	State RI	Zip 02835	City Hope	State RI	Zip 02831
Director Name Thomas LaFauci			Director Name		
Street Address 41 Pendleton Farm Lane			Street Address		
City Mystic	State CT	Zip 06355	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.					
<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 Daniel Beaudette				Date 04/30/2021	
Signatures of Officer/Authorized Representative <i>Daniel Beaudette</i>					

FILED

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

MAY 03 2021

FORM 631
 BY *TSJRV*
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