



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.

FILED

STAMP

JUN 28 2021

BY

1. Entity ID Number 000026147		2. Exact name of the Corporation The Delta Kappa Gamma Society - State of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Mission Statement: The Delta Kappa Gamma Society- Rhode Island State Organization promotes personal growth of Women Educators and Excellence in Education. Vision: Leading Women Educators Impacting Education Worldwide.			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address C/O Sarah A Connors, 19 Sage Drive			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Carol Beatrice			Vice-President Name Danielle Langlois		
Street Address 2 Stone Gate Drive			Street Address 2 Holiday Court		
City North Kingston	State RI	Zip 02852	City Lincoln	State RI	Zip 02865
Secretary Name Charlotte Diffendale			Treasurer Name Sarah A Connors		
Street Address 78 Park Avenue			Street Address 19 Sage Drive		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment ☐
Director Name Joanne Riley			Director Name Janice Tetreault		
Street Address 163 Benedict Street			Street Address 181 Candy Apple Lane		
City Pawtucket	State RI	Zip 02861	City Saundertown	State RI	Zip 02874
Director Name Linda Beilaqua			Director Name Karen McKenzie		
Street Address 5 Longhow Drive			Street Address 60 Dory Road		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
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 Carol L Beatrice or Sarah A Connors <i>Sarah A Connors</i> #1854				Date June 16, 2021	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

The purposes of this Corporation are:

- Section 1. To promote the social, cultural, and educational status of its members.
- Section 2. To promote activities and legislation that will improve the economic status and general well-being of the reetired teacher.
- Section 3. To promote the purposes of the National Retired Teachers Association, a Division of the AARP.
- Section 4. To cooperate with local Rhode Island Teachers Units and other educational associations in the interest of the retired teacher and in furthering the advancement of education.

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