



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000027356

2. Name of Corporation Kappa Delta Phi National Affiliated Sorority, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813990

4. Principal Office Address

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CLERICAL AND ADMINISTRATIVE DUTIES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	AMANDA CRONIN	9 WINTER STREET NASHUA, NH 03064 USA

TREASURER	ALEXANDRA NESTRO	1038 UNION STREET APT 1N MANCHESTER, NH 03104 USA
SECRETARY	MARYSA MITRANO	999 BOSTON ROAD HAVERHILL, MA 01835 USA
VICE PRESIDENT	ROBYN SARETTE	47 PERCH POND ROAD CAMPTON, NH 03223 USA
VICE PRESIDENT	VICTORIA HOGAN	100 LUCE STREET LOWELL, MA 01852 USA
DIRECTOR	AMANDA ROBERGE	109 WATERBORO ROAD HOLLIS, ME 04042 USA
DIRECTOR	CHRISTINA ROSE	3606 GOMER ST YORKTOWN HEIGHTS, NY 10598 USA
DIRECTOR	COURTNEY STEVENS	73 HOMER ST APARTMENT 1 EAST BOSTON , MA 02128 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of September, 2021 at 1:45:01 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By AMANDA ROBERGE
Signature of Authorized Person

Form No. 631
Revised 09/07

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