



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 APR 25 P 3: 21

Annual Report for the year: 2022  
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>31791</b>		2. Exact name of the Corporation <b>Phi Mu Delta Alumni Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>to operate a fraternity chapter house</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>652 George Washington Highway, Suite 301</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-0000</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles Gilmore</b>			Vice-President Name <b>Michael Matone</b>		
Street Address <b>285 Reservoir Avenue</b>			Street Address <b>5586 Post Road, Suite 205</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>
Secretary Name <b>Carl B. Lisa</b>			Treasurer Name <b>Charles Gilmore</b>		
Street Address <b>652 George Washington Hwy Ste 301</b>			Street Address <b>285 Reservoir Avenue</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02904-</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Charles Gilmore</b>			Director Name <b>Carl B. Lisa</b>		
Street Address <b>285 Reservoir Avenue</b>			Street Address <b>652 George Washington Hwy Ste 301</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>
Director Name <b>Michael Matone</b>			Director Name <b>none</b>		
Street Address <b>5586 Post Road, Suite 205</b>			Street Address <b>none</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Charles Gilmore</b> <b>President</b>				Date <b>04/25/2022</b>	
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

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