



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2022

2022 APR 25 P 3: 21

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 31791		2. Exact name of the Corporation Phi Mu Delta Alumni Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to operate a fraternity chapter house			
4. NAICS Code 813319					
6. Principal Office Address 652 George Washington Highway, Suite 301			City Lincoln	State RI	Zip 02865-0000
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Gilmore			Vice-President Name Michael Matone		
Street Address 285 Reservoir Avenue			Street Address 5586 Post Road, Suite 205		
City Lincoln	State RI	Zip 02865-	City East Greenwich	State RI	Zip 02818-
Secretary Name Carl B. Lisa			Treasurer Name Charles Gilmore		
Street Address 652 George Washington Hwy Ste 301			Street Address 285 Reservoir Avenue		
City Lincoln	State RI	Zip 02904-	City Lincoln	State RI	Zip 02865-
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 Charles Gilmore			Director Name Carl B. Lisa		
Street Address 285 Reservoir Avenue			Street Address 652 George Washington Hwy Ste 301		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Director Name Michael Matone			Director Name none		
Street Address 5586 Post Road, Suite 205			Street Address none		
City East Greenwich	State RI	Zip 02818-	City none	State none	Zip none
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 Charles Gilmore President				Date 04/25/2022	
Signature of Officer/Authorized Representative <i>Charles E. Gilmore</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

APR 25 2022
BY *[Signature]* WTJDY
3:21

FORM 631 - Revised: 11/2021