



**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

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

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: 2023

1. Corporate ID No. 001681699

2. Name of Corporation Sigma Kappa National Housing Corporation

3. State of Incorporation

State: IN

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

813410

4. Principal Office Address

No. and Street: 695 PRO MED LANE, SUITE 300

City or Town: CARMEL

State: IN Zip: 46032 Country: USA

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

TO FOSTER SAFE AND ATTRACTIVE ACCOMMODATIONS FOR SIGMA KAPPA UNDERGRADUATE MEMBERS BY PROVIDING SUPPORT TO HOUSING CORPORATIONS IN THE MANAGEMENT OF THEIR PROPERTIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN WILLIS	1060 WHITESTONE RIDGE ALPHARETTA, GA 30005 USA
TREASURER	ANN-MARIE FONTAINE	235 NANCY LANE HARRISVILLE, RI 02830 USA
SECRETARY	LISA HUMENIK	1109 SEMINOLE HIGHWAY MADISON, WI 53711 USA
VICE PRESIDENT	ROXANNE EVANS	PO BOX 1293 MCGEHEE, TN 71654 USA
DIRECTOR	CASEY KELLER	695 PRO MED LANE SUITE 300 CARMEL, IN 46032 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

ANN-MARIE FONTAINE 235 NANCY LANE HARRISVILLE , RI 02830

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

Signed this 31 Day of March, 2023 at 9:23:59 AM 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 CLAUDE WARREN
Signature of Authorized Person

Form No. 631
Revised 09/07

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