



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED

APR 06 2023

BY

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1. Entity ID Number 000026151		2. Exact name of the Corporation Sigma Chi URI Alumni Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation and maintenance of fraternity houses at 13 Fraternity Circle, Kingston, Rhode Island			
4. NAICS Code 721310 <input type="checkbox"/>					
6. Principal Office Address 2 Williams Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James George			Vice-President Name Tom Murphy		
Street Address 25 President Drive			Street Address 25 Highland Drive		
City Narragansett	State RI	Zip 02882	City Westerly	State RI	Zip 02891
Secretary Name Tim Marran			Treasurer Name Mike Murray		
Street Address 27 Pinecrest Drive			Street Address 26 Eastwick Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 Harrington			Director Name Richard Jordan		
Street Address 45 Brassie Way			Street Address 43 Hybrid Drive		
City North Reading	State MA	Zip 02864	City Cranston	State RI	Zip 02920
Director Name Richard Mayoh			Director Name Dale Harrington		
Street Address 247 Lakepoint Loop			Street Address 81 Buena Vista Drive		
City Pottsboro	State TX	Zip 75076	City North Kingstown	State RI	Zip 02852
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 JAMES GEORGE - PRESIDENT				Date 3-25-23	
Signature of Officer/Authorized Representative 					

MAIL TO:
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