	State of Rhode Island	Fee: \$20.00		
	Office of the Secretary of State Division Of Business Services			
	148 W. River Street			
	Providence RI 02904-2615			
7630	(401) 222-3040			
Non-Profit Corpor Annual Report	ration			
Filing Period: Februa	ary 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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>				
1. Corporate ID No. 001660588				
2. Name of Corporation <u>KAPPA PSI KAPPA FRATERNITY INCORPORATED</u>				
3. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
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 <u>click here.</u>				
NAICS Code				
<u>813920</u>				
4. Principal Office Address				
-	<u>895 NORTH MAIN STREET</u> <u>UNIT 2</u>			
	PROVIDENCE State: <u>RI</u> Zip: <u>02904</u> Cour	ntry: <u>USA</u>		
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
<u>THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED ON A NOT-FOR-</u> PROFIT BASIS AND EXCLUSIVELY AS A FRATERNAL SOCIETY WITHIN THE				
MEANING OF SECTION 501(C)(10) OF THE INTERNAL REVENUE CODE (OR THE				
CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES FEDERAL TAX				
LAW). THE SPECIFIC PURPOSES OF THIS CORPORATION ARE TO: THE				
ORGANIZATION SHALL BE A NON-COLLEGIATE, SERVICE FRATERNITY FOR				
PROGRESSIVE MEN OF ALL ETHNIC BACKGROUNDS AND CULTURES.				

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	UNIQUE WILSON	125 HEMPSTEAD GARDENS DRIVE WEST HEMPSTEAD, NY 11552 USA
TREASURER	DAMION PARKS-WEEKLY	14611 ARPENT LANE FLORISSANT , MO 63034 USA
SECRETARY	TONY BENNETT	14611 ARPENT LANE FLORISSANT, MO 63034 USA
VICE PRESIDENT	DEJUANE RIVERS- WHITE	6723 S. PAXTON AVE. APT 2W CHICAGO, IL 60649 USA
DIRECTOR	HENRY WALKER	35333 WEE CARE DRIVE, APT # 1 CLINTON TOWNSHIP, MI 48035 USA
DIRECTOR	ANTHONY MERCER-BAY	5528 S EVERETT AVENUE APT 1B CHICAGO, IL 60615 USA
DIRECTOR	UNIQUE WILSON	125 HEMPSTEAD GARDENS DR, APT D2B WEST HEMPSTEAD, NY 11552 USA
DIRECTOR	ROY BROWN	441 LITTLE WIND RIVER BOTTOM RD ARAPAHOE, WY 82510 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

<u>UNITED STATES CORPORATION AGENTS, INC.</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 17 Day of July, 2023 at 7:39:04 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 UNIQUE GALE-WILSON

Signature of Authorized Person

Form No. 631 Revised 09/07 All Rights Reserved