



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.

1. Entity ID Number 001748800		2. Exact name of the Corporation Kappa Sigma Fraternity - Tau-Lambda - Providence	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Have a non-profit fraternity in the state of Rhode Island	
4. NAICS Code 813410			
6. Principal Office Address 114 pembroke ave		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses). Check the box to indicate an attachment			
President Name Lucas Lupinacci		Vice-President Name Joseph Demartino	
Street Address 114 pembroke ave		Street Address 63 pinehurst ave	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02908
Secretary Name Conor McCarthy		Treasurer Name Alexis Benton Archambault	
Street Address 63 pinehurst ave		Street Address 65 pinehurst ave	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name Austin Spanks		Director Name Michael Valcourt	
Street 65 pinehurst ave		Street 114 pembroke ave	
Address City Providence	State RI Zip 02908	Address City Providence	State RI Zip 02908
Director Name Alexis Archambault		Director Name	
Street 65 Pinehurst ave		Street	
Address City Providence	State RI Zip 02908	Address City	State Zip
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Lucas Lupinacci			Date 27 September 2023
Signature of Officer/Authorized Representative <i>Lucas Lupinacci</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

OCT 06 2023  
BY A & FZF  
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FORM 631 - Revised: 04/2023