

REC'D RI SOS BSD
24 MAR 5 PM 10:00:28



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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 <u>001703580</u>		2. Exact name of the Corporation <u>Kappa Alpha Psi Fraternity, Inc</u>			
3. State of Incorporation <u>IN</u>		5. Brief description of the character of business conducted in Rhode Island <u>To unite college men of culture, patriotism, & honor in a bond of fraternity</u>			
4. NAICS Code <u>813311</u>					
6. Principal Office Address <u>2322-24 N Broad St Philadelphia</u>			City <u>Philadelphia</u>	State <u>IN</u>	Zip <u>19131</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Marvin Barksdale</u>			Vice-President Name <u>William Whitehead</u>		
Street Address <u>1117 Douglas Ave #502</u>			Street Address <u>11 Veterans Way</u>		
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>N Attleboro</u>	State <u>MA</u>	Zip <u>01960</u>
Secretary Name <u>Dom Hayman</u>			Treasurer Name		
Street Address <u>3 Castle Ct</u>			Street Address		
City <u>East Boston</u>	State <u>MA</u>	Zip <u>02128</u>	City	State	Zip
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 <u>marvin barksdale</u>			Director Name <u>william whitehead</u>		
Street Address <u>same as above</u>			Street Address <u>same as above</u>		
City	State	Zip	City	State	Zip
Director Name <u>Dom Hayman</u>			Director Name		
Street Address <u>same as above</u>			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <u>Marvin A Barksdale</u>				Date <u>3/6/24</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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

10:03 MAR 06 2024
BY ML OF85G