



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.

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

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.					
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 <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