

REC'D RIDOS BSD
24 MAR 6 AM 10:00:31State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
Non-Profit Corporation

2023

→ 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 001703580		2. Exact name of the Corporation Kappa Alpha Psi Fraternity, Inc.	
3. State of Incorporation IN		5. Brief description of the character of business conducted in Rhode Island To unite college men of culture, patriotism, & honor in a bond of fraternity	
4. NAICS Code 813311			
6. Principal Office Address 2322-24 N Broad St Philadelphia		City Philadelphia	State IN
		Zip 46131	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marvin Barksdale		Vice-President Name William Whitehead	
Street Address 1117 Douglas Ave #502		Street Address 11 Veterans Way	
City North Providence	State RI	City N Attleboro	State MA
Zip 02904		Zip 01960	
Secretary Name Dom Hayman		Treasurer Name	
Street Address 3 Castle Ct		Street Address	
City East Boston	State MA	City	State
Zip 02128		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 marvin Barksdale		Director Name william whitehead	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
Director Name Dom Hayman		Director Name	
Street Address same as above		Street Address	
City	State	City	State
Zip		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 Marvin A Barksdale			Date 3/6/24
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov10:02 MAR 06 2024
BY ML OF85G

FORM 631- Revised: 04/2023