



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 07 2024

BY

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 000026147		2. Exact name of the Corporation The Delta Kappa Gamma Society of the State of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Mission Statement: The Delta Kappa Gamma Society - Rhode Island State Organization (Alpha Omega State) Promotes Personal Growth of Women Educators and Excellence in Education			
4. NAICS Code 813110					
6. Principal Office Address Sarah A Connors, 19 Sage Drive			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Carol L Beatrice			Vice-President Name Janet Hyland		
Street Address 2 Stone Gate Drive			Street Address 32 Kenson Drive		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Secretary Name Charlotte Diffendale			Treasurer Name Sarah A Connors		
Street Address 75 Park Avenue			Street Address 19 Sage Drive		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Joanne Riley			Director Name Kathy Curtis		
Street Address 163 Benedict Drive			Street Address 5 Green Meadow Drive		
City Pawtucket	State RI	Zip 02861	City Narragansett	State RI	Zip 02882
Director Name Iva daSilva			Director Name Sheila Field		
Street Address 134 Lyman Street			Street Address 54 Mariaine		
City Pawtucket	State RI	Zip 02860	City Seekonk	State MA	Zip 02771
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 Carol L Beatrice, President or Sarah A Connors, Treasurer				Date 1/31/2024	
Signature of Officer/Authorized Representative 				# 1883	

MAIL TO:**Division of Business Services**

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