



State of Rhode Island
Department of State - Business Services Division

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MAR 15 2024
10:05 AM
2024

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 000033875		2. Exact name of the Corporation Eta Chapter of Theta Chi Fraternity			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational, Social, Fraternal, Recreational, Literary, Cultural			
4. NAICS Code 813990					
6. Principal Office Address 4 Spinnaker Ct.		City Narragansett		State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary Henry			Vice-President Name Steve Drangelis		
Street Address 4 Spinnaker Ct			Street Address 65 Longview Dr		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Anthony Zonca			Treasurer Name Gregory Oshadoma		
Street Address 1131 N Main Rd			Street Address 57 Duncan Ave		
City Jamestown	State RI	Zip 02835	City Providence	State RI	Zip 02906
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 Daniel Finan			Director Name Paul LaVette		
Street Address 104 Clapp St.			Street Address		
City Stoughton	State Ma	Zip 02072	City	State	Zip
Director Name Peter Rosen			Director Name Marcos Martinez		
Street Address 24 Azalea Rd			Street Address 11 Vermont		
City Narragansett	State RI	Zip 02882	City Johnston	State RI	Zip 02919
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 Gregory Oshadoma					Date 3/13/24
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
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BY CXSKA
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