



State of Rhode Island
Department of State - Business Services Division

2023
 02/10/24
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Annual Report for the year: 2023
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 Court	City Narragansett	State RI	Zip 02882
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Gary Henry			Vice-President Name Steve Deangelis		
Street Address 4 Spinnaker Court			Street Address 65 Longview Dr		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Anthony Zong			Treasurer Name Gregory Chadoma		
Street Address 1131 W Main Rd			Street Address 57 Duncan Ave Apt 1		
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

Director Name Gregory Chadoma			Director Name Patrick Mullen		
Street Address 57 Duncan Ave Apt 1			Street Address 15 Westwood Rd		
City Providence	State RI	Zip 02906	City Milford	State CT	Zip 06461
Director Name Daniel Finan			Director Name Abac Peter Rosen		
Street Address 91 Couchet Ave			Street Address 24 Azalea Rd		
City Warwick	State RI	Zip 02885	City Narragansett	State RI	Zip 02882

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 Chadoma	Date 2/10/24
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Signature of Officer/Authorized Representative <i>Gregory Chadoma</i>	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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 FORM 631- Revised: 04/2023