



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 RIDOS BSD
24 MAY 7 AM 11:20:48

1. Entity ID Number 31791		2. Exact name of the Corporation Phi Mu Delta Alumni Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to operate a fraternity chapter house			
4. NAICS Code 813319					
6. Principal Office Address 370 George Washington Highway, Bldg 2 Ste 100			City Smithfield	State RI	Zip 02917-0000
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Gilmore			Vice-President Name Michael Matone		
Street Address 200 Stone Barn Road			Street Address 5586 Post Road, Suite 205		
City Pascoag	State RI	Zip 02859-	City East Greenwich	State RI	Zip 02818-
Secretary Name Carl B. Lisa			Treasurer Name Charles Gilmore		
Street Address 370 George Washington Hwy B2 S100			Street Address 200 Stone Barn Road		
City Smithfield	State RI	Zip 02917-	City Pascoag	State RI	Zip 02859-
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 Charles Gilmore			Director Name Carl B. Lisa		
Street Address 200 Stone Barn Road			Street Address 370 George Washington Hwy B2 S100		
City Pascoag	State RI	Zip 02859-	City Smithfield	State RI	Zip 02917-
Director Name Michael Matone			Director Name none		
Street Address 5586 Post Road, Suite 205			Street Address none		
City East Greenwich	State RI	Zip 02818-	City none	State none	Zip none
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Charles Gilmore President FILED				Date 01/26/2024	
Signature of Officer/Authorized Representative <i>Charles Gilmore</i> MAY 07 2024					

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

BY AZV377 *PJ*