



State of Rhode Island

Department of State - Business Services Division

RECORDS STAMP  
21 MAY 6 PM 3:00:13

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 <b>000115282</b>	2. Exact name of the Corporation <b>Eta Omega Alumni Corporation Board of the Delta Sigma Phi</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>Alumni Board that mentors and educates undergraduate members.</b>
4. NAICS Code <b>999999</b>	<b>Additionally, oversees alumni participation and charitable efforts.</b>

6. Principal Office Address <b>8 Abbott Park Place</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Ian Flower</b>			Vice-President Name <b>Adam Alkhateeb</b>		
Street Address <b>121 East Essex Ave</b>			Street Address <b>520 N Delaware Ave</b>		
City <b>Linwood</b>	State <b>NJ</b>	Zip <b>08221</b>	City <b>Lindenhurst</b>	State <b>NY</b>	Zip <b>11757</b>
Secretary Name <b>Andre Geoffroy</b>			Treasurer Name <b>Jamie Roy</b>		
Street Address <b>65 Kingsbury Ave</b>			Street Address <b>7 Mayo Road</b>		
City <b>Haverhill</b>	State <b>MA</b>	Zip <b>01835</b>	City <b>Hubbardstown</b>	State <b>MA</b>	Zip <b>01452</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Joseph Vales</b>			Director Name <b>Glenn Grossman</b>		
Street Address <b>1503 Hawthorne Ct</b>			Street Address <b>396 N Westwood Ave</b>		
City <b>Sewell</b>	State <b>NJ</b>	Zip <b>08080</b>	City <b>Lombard</b>	State <b>IL</b>	Zip <b>60148</b>
Director Name <b>Ian Flower</b>			Director Name <b>Adam Alkhateeb</b>		
Street Address <b>121 East Essex Ave</b>			Street Address <b>520 N Delaware Ave</b>		
City <b>Linwood</b>	State <b>NJ</b>	Zip <b>01835</b>	City <b>Lindenhurst</b>	State <b>NY</b>	Zip <b>11757</b>

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 <b>Jamie Roy</b>	Date <b>4/20/2024</b>
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Signature of Officer/Authorized Representative

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  
 MAY 06 2024  
 BY XEF71D AA  
 3:13pm  
 FORM 631- Revised: 12/2023