



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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 RHODES REG  
24 MAY 6 PM 3:00:13

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>		Additionally, oversees alumni participation and charitable efforts.			
6. Principal Office Address <b>8 Abbott Park Place</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Jamie Roy</b>					Date <b>4/20/2024</b>
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 XF71D

FORM 631- Revised: 12/2023