RI SOS Filing Number: 202454079920 Date: 5/6/2024 3:10:00 PM



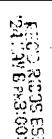
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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 000115282	2. Exact name of Eta Omeg	2. Exact name of the Corporation Eta Omega Alumni Corporation Board of the Delta Sigma Phi ఈ				
State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island Alumni Board that mentors and educates undergraduate members.					
4. NAICS Code 999999	Additionally, oversees alumni participation and charitable efforts.					
6. Principal Office Address 8 Abbott Park Place			City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Ian Flower			Vice-President Name Adam Alki	hateeb		
Street Address 121 East Essex Ave			Street Address 520 N Delawa	Street Address 520 N Delaware Ave		
^{City} Linwood	State NJ	^{Zip} 08221	^{City} Lindenhurst	State NY	Zip 11/5/	
Secretary Name Andre Geoffroy			Treasurer Name Jamie Roy			
Street Address 65 Kingsbury Ave			Street Address 7 Mayo Road			
^{City} Haverhill	State MA	^{Zip} 01835	City Hubbardstown	State MA	ชีใ452	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Joseph Vales			Director Name Glenn Grossm	an		
Street Address 1503 Hawthorne Ct			Street Address 396 N Westwo	od Ave		
City Sewell	State NJ	^{Zip} 08080	^{City} Lombard	State L	Zip 50148	
Director Name Ian Flower			Director Name Adam Alkhatee	Director Name Adam Alkhateeb		
Street Address 121 East Essex Ave			Street Address 520 N Delawar	re Ave		
^{City} Linwood	State NJ	^{Zip} 01835	^{City} Lindenhurst	State NY	₹i9757	
9. The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes requir	re filing Form 641.		
Under penalty of perjury, I declar statements, and that all statemen			d this report, including any accom correct.	ipanying schedu	ies and	
This report must be signed by either the Pres	ident, Vice-President, 5	Secretary, Assistant Sec	cretary, Treesurer, duly Authorized Represent	ative, Receiver or Trust	60 .	
Name of Officer/Authorized Repres	entative			Date		
Jamie Roy				4/20/2024		
Signature of Officer/Authorized Rep	resentative					

MAIL JO

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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FORM 631- Revised: 12/2023