



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 MAY 6 PM 3:00
 2024

Annual Report for the year: 2018

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 the Corporation Eta Omega Alumni Corporation Board of the Delta Sigma Phi <i>Feder</i>
3. State of Incorporation Rhode Island	5. 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 Alkhateeb		
Street Address 121 East Essex Ave			Street Address 520 N Delaware Ave		
City Linwood	State NJ	Zip 08221	City Lindenhurst	State NY	Zip 11751
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	Zip 01452

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

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 Jamie Roy	Date 4/20/2024
---------------------------------------------------------------	--------------------------

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 **X F 21 D**
AA. 3:08 PM.

FORM 631 - Revised 12/2023