



State of Rhode Island

Department of State - Business Services Division

RECORDED
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. Additionally, oversees alumni participation and charitable efforts.
4. NAICS Code 999999	

6. Principal Office Address 8 Abbott Park Place	City Providence	State RI	Zip 02903
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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	City Lindenhurst	State NY
	Zip 08221		Zip 11751
Secretary Name Andre Geoffroy		Treasurer Name Jamie Roy	
Street Address 65 Kingsbury Ave		Street Address 7 Mayo Road	
City Haverhill	State MA	City Hubbardstown	State MA
	Zip 01835		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	City Lombard	State IL
	Zip 08080		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	City Lindenhurst	State NY
	Zip 01835		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
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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
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FORM 631 - Revised 12/2023