



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016

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>FOKA</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	City Lindenhurst	State NY
Zip 08221		Zip 11757	
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
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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 *XF7ID*

FORM 631- Revised: 12/2023