			1
	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines		
	148 W. River S		
1626	Providence RI 029		
1030	(401) 222-30	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - May	/ 1		
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. <u>0000</u>	<u>59426</u>		
2. Name of Corporation Zeta	Delta Xi, Inc.		
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is k	e dropdown will
NAICS Code			
<u>813990</u>			
4. Principal Office Address			
No. and Street: <u>69 BRO</u> BOX 19	<u>WN STREET</u> 930		
City or Town: <u>PROVII</u>		<u>RI</u> Zip: <u>02912</u>	Country: <u>USA</u>
5. Brief Description of the Ch	naracter of the Affairs Condu	icted in Rhode Island	d
COMMUNITY SERVICE A	AND HOLDING SOCIAL F	<u>FUNCTIONS</u>	
6. Names and Addresses of t	the Officers and Directors:		
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.			
Title	Individual Name	Adc	Iress

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	WILLIAM JOESPH LAKE	69 BROWN ST #1930 PROVIDENCE, RI 02912 USA	
TREASURER	CONNOR DANIEL FLICK	69 BROWN ST. #4111 PROVIDENCE, RI 02912 USA	
SECRETARY	ALEX MOHS ROJAS	69 BROWN ST. #1930 PROVIDENCE, RI 02912 USA	
VICE PRESIDENT	FATIMA MENENDEZ-MARTINEZ	69 BROWN ST. #1930 PROVIDENCE, RI 02912 USA	
DIRECTOR	CARIN CARRION	69 BROWN ST. #1930 PROVIDENCE, RI 02912 USA	
DIRECTOR	REGGIE DAWN-KNIGHT	69 BROWN ST. #1930 PROVIDENCE, RI 02912 USA	
DIRECTOR	STEFAN HIPP	69 BROWN ST. #1930 PROVIDENCE, RI 02912 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

OCTAVIA ROWE 69 BROWN STREET, #5188 PROVIDENCE , RI 02912

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of May, 2024 at 4:27:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>ROSS RUTHERFORD</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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