



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. Corporate ID No. 001660588

2. Name of Corporation KAPPA PSI KAPPA FRATERNITY INCORPORATED

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 895 NORTH MAIN STREET

UNIT 2

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED ON A NOT-FOR-PROFIT BASIS AND EXCLUSIVELY AS A FRATERNAL SOCIETY WITHIN THE MEANING OF SECTION 501(C)(10) OF THE INTERNAL REVENUE CODE (OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES FEDERAL TAX LAW). THE SPECIFIC PURPOSES OF THIS CORPORATION ARE TO: THE

ORGANIZATION SHALL BE A NON-COLLEGIATE, SERVICE FRATERNITY FOR PROGRESSIVE MEN OF ALL ETHNIC BACKGROUNDS AND CULTURES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	UNIQUE WILSON	125 HEMPSTEAD GARDENS DRIVE WEST HEMPSTEAD, NY 11552 USA
TREASURER	DAMION PARKS-WEEKLY	14611 ARPENT LANE FLORISSANT , MO 63034 USA
SECRETARY	TONY BENNETT	14611 ARPENT LANE FLORISSANT, MO 63034 USA
VICE PRESIDENT	DEJUANE RIVERS- WHITE	6723 S. PAXTON AVE. APT 2W CHICAGO, IL 60649 USA
DIRECTOR	UNIQUE WILSON	125 HEMPSTEAD GARDENS DR, APT D2B WEST HEMPSTEAD, NY 11552 USA
DIRECTOR	DEJUANE RIVERS	6723 S PAXTON AVE. APT 2W CHICAGO, IL 60649 USA
DIRECTOR	JONATHAN JONES	611 JONQUIL LANE HAMPTON, VA 23669 USA

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

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200
WARWICK , RI 02888

Signed this 20 Day of June, 2024 at 11:20:20 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 UNIQUE WILSON
Signature of Authorized Person

Form No. 631
Revised 09/07

All Rights Reserved



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 20, 2024 11:19 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

