



**State of Rhode Island  
Department of State - Business Services Division**

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**Annual Report for the year: 2024**

**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 <b>001748800</b>	2. Exact name of the Corporation <b>Kappa Sigma Fraternity - Tau-Lambda -Providence</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <i>We do community service, philanthropic, and Fundraising as a Fraternity</i>
4. NAICS Code <b>813319</b>	

6. Principal Office Address <b>65 Pinehurst Ave</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Thomas Keough</b>		Vice-President Name <b>Christian Calcines</b>			
Street Address <b>108 Pembroke Ave</b>		Street Address <b>9 Pinehurst Ave</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Thomas Peters</b>		Treasurer Name <b>Alexis Archambault</b>			
Street Address <b>65 Pinehurst Ave</b>		Street Address <b>108 Pembroke Ave</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Thonmas Keough</b>		Director Name <b>Christian Calcines</b>			
Street Address <b>108 Pembroke Ave</b>		Street Address <b>9 Pinehurst Ave</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Alexis Archambault</b>		Director Name			
Street Address <b>108 Pembroke Ave</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip

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 <b>Alexis Archambault</b>	<b>FILED</b>	Date <b>08/28/24</b>
Signature of Officer/Authorized Representative <i>Alexis Archambault</i>	SEP 03 2024 339F1 BY <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