



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

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.

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STAMP

1. Entity ID Number 000028876		THE NEW SIGMA PI ALUMNI HOUSING CORPORATION, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island LITERARY, BENEVOLENT AND EDUCATIONAL INTERESTS OF ITS MEMBERS			
4. NAICS Code 813990- Other Similar Or					
6. Principal Office Address 13 FRATERNITY CIRCLE			City KINGSTON	State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name FRANK B POSTMA			Vice-President Name GEORGE SMITH		
Street Address 12 S 6TH STREET			Street Address 202624 CAPELLO DR.		
City FERNANDINA BEAC	State FL	Zip 32034	City VENICE	State FL	Zip 34292
Secretary Name THOMAS DOLAN			Treasurer Name MARIO GRANDE		
Street Address 9 JEAN ST			Street Address 344 ALPINE ESTTES DRIVE		
City MIDDLETOWN	State RI	Zip 02841	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name EDMUND ANDREW MORRIS			Director Name KYLE MULCAHEY		
Street Address 4565 BARCLAY FAIR WAY			Street Address 16 CAPTIAN JOHN JACOBS RD		
City LAKE WORTH	State FL	Zip 33449	City EAST PROVIDENCE	State RI	Zip 02915
Director Name NICHOLAS A. DASILVA			Director Name		
Street Address 313 BLOOMFIELD STREET			Street Address		
City PAWTUCKET	State RI	Zip 02861	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 Frank B Postma				Date 11/19/2024	
Signature of Officer/Authorized Representative <i>Frank B Postma</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

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BY **5X278**

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Form 631 Revised: 12/2023