



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

FEB 03 2025

BY

1. Entity ID Number 000027782		2. Exact name of the Corporation Gamma Lambda of Alpha Delta Pi House Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Owns and operates sorority house at the University of Rhode Island, Kingston, RI			
4. NAICS Code 611310					
6. Principal Office Address 5 Fraternity Circle			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name Lisa Kennally		
Street Address			Street Address 6 Bonny Lane		
City	State	Zip	City Clinton	State CT	Zip 06413
Secretary Name Daria Capalbo			Treasurer Name Marie McGovern		
Street Address PO Box 849			Street Address 150 Kings Factory Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kathleen Duffy			Director Name Linda Carver		
Street Address 16 Harbour Terrace			Street Address 15 South River Drive		
City Cranston	State RI	Zip 02905	City Narragansett	State RI	Zip 02882
Director Name Kristi Whyte			Director Name		
Street Address 187 Lakeview Drive S			Street Address		
City Gibbsboro	State NJ	Zip 08026	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 Secretary - Daria Capalbo					Date 1/30/2025
Signature of Officer/Authorized Representative Daria Capalbo					

MAIL TO:  
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