



State of Rhode Island
Department of State - Business Services Division

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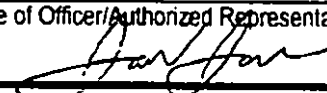
Annual Report for the year: 2024

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 000037868		2. Exact name of the Corporation Tau Omega Chapter of Tau Epsilon Phi Fraternity, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE A FRATERNAL ORGANIZATION WHICH ADHERES TO THE TEACHINGS OF TAU EPSILON PHI FRATERNITY.			
4. NAICS Code 813410					
6. Principal Office Address 34 Lower College Rd.		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 Brian Dungey			Vice-President Name Jared Jackson		
Street Address 18 RIVERSIDE SQUARE			Street Address 59 Saint Lawrence Way		
City Boston	State MA	Zip 02136	City North Attleboro	State MA	Zip 02760
Secretary Name Brian Resnevic			Treasurer Name James Harrington		
Street Address 421 PROSPECT STREET APT 4			Street Address 6 COLONIAL ROAD		
City Pawtucket	State RI	Zip 02860	City Brookside	State NJ	Zip 07926
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Goddu			Director Name Danny Blumberg		
Street Address 10 NANCY LANE			Street Address 145 MIDDLE RD.		
City Mashpee	State MA	Zip 02649	City Sayville	State NY	Zip 11782
Director Name Brian Dungey			Director Name		
Street Address 18 Riverside Square			Street Address		
City Boston	State MA	Zip 02136	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jared Jackson					Date 1/30/2025
Signature of Officer/Authorized Representative. 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

FILED

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