



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000795275		2. Exact name of the Corporation Gamma Sigma Chapter of Alpha Chi Omega Fraternity, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island TO OPERATE A LOCAL COLLEGIATE CHAPTER OF A NATIONAL COLLEGE SORORITY ORGANIZATION			
5. Principal office address 5939 CASTLE CREEK PARKWAY NORTH DRIVE		City INDIANAPOLIS	State IN	Zip 46250	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Emily Thompson			Vice-President Name Catherine Zerbarini		
Street Address 2783 Kingstown Road			Street Address 2783 Kingstown Road		
City Kingstown	State RI	Zip 02881-1517	City Kingstown	State RI	Zip 02881-1517
Secretary Name none			Treasurer Name Alexa Manderano		
Street Address			Street Address 2783 Kingstown Road		
City	State	Zip	City Kingstown	State RI	Zip 02881-1517
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Emily Thompson			Director Name Alexa Manderano		
Street Address 2783 Kingstown Road			Street Address 2783 Kingstown Road		
City Kingstown	State RI	Zip 02881-1517	City Kingstown	State RI	Zip 02881-1517
Director Name Christine Bornand			Director Name none		
Street Address 1008 Woodfield Drive			Street Address		
City Gallatin	State TN	Zip 37066	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 05 2013

BY 1710558

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.

Alexa Manderano **6/25/2013**
 Signature of Officer Date

Alexa Manderano
 Print or Type Name of Officer

Vice President - Finance
 Title of Officer