RI SOS Filing Number: 202209989050 Date: 2/8/2022 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
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
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BY (55)
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National Property and Property							
1. Entity ID Number 000027782	2. Exact name of the Corporation Gamma Lambda of Alpha Delta PI House Corporation						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Sorority house at the University of Rhode Island, Kingston, RI						
4. NAICS Code				,			
611310 - Colleges, Universitie							
6. Principal Office Address			City	State	Zip		
5 Fraternity Circle			Kingston	RI	02881		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name Daria Capalbo	Treasurer Name Donna Rocke Sherman						
Street Address PO Box 849			Street Address 43 Goose Island Road				
^{City} Charlestown	State RI	^{Zip} 02813	City Narragansett	State RI	^{Zip} 02882		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Susan Neff			Director Name Kathleen Duffy				
Street Address 167 Purgatory Road			Street Address 16 Harbour Terrace				
^{City} Exeter	State RI	^{Zip} 02892	^{City} Cranston	State RI	^{Zip} 02905		
Director Name Kate Audet			Director Name Libby Cirillo				
Street Address 167 Purgatory Road			Street Address 92 Woodridge Drive				
^{City} Exeter	State RI	^{Zip} 02892	^{City} Saunderstown	State RI	^{Zip} 02874		
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 Trustoe.							
Name of Officer/Authorized Repres	Date 2 2 4 2 0						
Daria Capallo / Secretary 2/3/2022							
Daria Capallo Secretary Signature of Officer/Authorized Representative Lana Capallo / Secretary							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov