



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FEB 06 2023
 6623-02

- 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 000027782		2. Exact name of the Corporation Gamma Lambda of Alpha Delta Pi 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 - Colleges, Universities					
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 None			Vice-President Name Lisa Kennally		
Street Address			Street Address 6 Bonny Lane		
City	State	Zip	City	State	Zip
			Clinton	CT	06413
Secretary Name Daria Capalbo			Treasurer Name Donna Sherman		
Street Address PO Box 849			Street Address 43 Goose Island Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Narragansett	RI	02882
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 Kathleen Duffy			Director Name Maureen Hillier		
Street Address 16 Harbour Terrace			Street Address 14 Andrews Street		
City	State	Zip	City	State	Zip
Cranston	RI	02905	Westboro	MA	01581
Director Name Susan Neff			Director Name Kristi Whyte		
Street Address 167 Purgatory Road			Street Address 187 Lakeview Drive S		
City	State	Zip	City	State	Zip
Exeter	RI	02892	Gibbsboro	NJ	08026
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 Daria Capalbo / Secretary					Date 1/20/2023
Signature of Officer/Authorized Representative <i>Daria Capalbo</i>					

MAIL TO:
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 Website: www.sos.ri.gov