

2024-03-15 2:32:49



**State of Rhode Island
Department of State - Business Services Division**

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 <u>000033875</u>	2. Exact name of the Corporation <u>ETA Chapter of Theta Chi Fraternity</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Educational, Social, Fraternal, Recreational, Literary, Cultural</u>
4. NAICS Code <u>813990</u>	

6. Principal Office Address <u>4 Spinnaker Ct.</u>	City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Gary Henon</u>		Vice-President Name <u>Steve Deangelis</u>			
Street Address <u>4 Spinnaker Ct</u>		Street Address <u>65 Longview Dr</u>			
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02832</u>
Secretary Name <u>Anthony Zona</u>		Treasurer Name <u>Gregory Ohadoma</u>			
Street Address <u>1131 N Main Rd</u>		Street Address <u>57 Duncan Ave</u>			
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>

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 <u>Daniel Finan</u>		Director Name Paul Collety			
Street Address <u>104 Clapp St.</u>		Street Address			
City <u>Stoughton</u>	State <u>Ma</u>	Zip <u>02072</u>	City	State	Zip
Director Name <u>Peter Rosen</u>		Director Name <u>Marcos Martinez</u>			
Street Address <u>24 Azalea Rd</u>		Street Address <u>11 Vermont</u>			
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>

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 <u>Gregory Ohadoma</u>	Date <u>3/13/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>	

FILED

MAR 15 2024

BY [Signature]

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