



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

**Annual Report for the year:** 2023  
**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.

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1. Entity ID Number <b>000033875</b>	2. Exact name of the Corporation <b>Eta Chapter of Theta Chi Fraternity</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Educational, Social, Fraternal, Recreational, Literary, cultural</b>
4. NAICS Code <b>813990</b>	

6. Principal Office Address <b>4 Spinnaker Court</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Gary Henry</b>		Vice-President Name <b>Steve Deangelis</b>	
Street Address <b>4 Spinnaker Court</b>		Street Address <b>65 Longview Dr</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Secretary Name <b>Anthony Zong</b>		Treasurer Name <b>Gregory Chadoma</b>	
Street Address <b>1131 W Main Rd</b>		Street Address <b>57 Duncan Ave Apt 1</b>	
City <b>Jamestown</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02906</b>	

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Gregory Chadoma</b>		Director Name <b>Patrick Mullen</b>	
Street Address <b>57 Duncan Ave Apt 1</b>		Street Address <b>15 Westwood Rd</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Milford</b>	State <b>CT</b>
Zip <b>02906</b>		Zip <b>06461</b>	
Director Name <b>Daniel Finan</b>		Director Name <del>Abac</del> <b>Peter Rosen</b>	
Street Address <b>91 Couchet Ave</b>		Street Address <b>24 Azalea Rd</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Zip <b>02885</b>		Zip <b>02882</b>	

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 <b>Gregory Chadoma</b>	Date <b>2/10/24</b>
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Signature of Officer/Authorized Representative <i>Gregory Chadoma</i>	<b>FILED</b>
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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

**MAR 15 2024**

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FORM 631- Revised: 04/2023