



**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.

MAR 20 2024
9914 *OR*

1. Entity ID Number 000027782		2. Exact name of the Corporation Gamma Lambda of Alpha Delta PI House Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Owens and operates sorority house at the University of Rhode Island, Kingston, RI			
4. NAICS Code 611310					
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		Vice-President Name Lisa Kennally			
Street Address		Street Address 6 Bonny Lane			
City	State	Zip	City Clinton	State CT	Zip 06413
Secretary Name Libby Cirillo		Treasurer Name Daria Capalbo			
Street Address 91 Woodridge Drive		Street Address PO Box 849			
City Saunderstown	State RI	Zip 02874	City Charlestown	State RI	Zip 02813
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 Cranston	State RI	Zip 02905	City Westboro	State MA	Zip 01581
Director Name Linda Carver		Director Name Marie MCGovern			
Street Address 15 South River Drive		Street Address 150 Kings Factory Road			
City Narragansett	State RI	Zip 02882	City Charlestown	State RI	Zip 02813
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 Treasurer				Date 3/15/2024	
Signature of Officer/Authorized Representative <i>Daria Capalbo</i>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov