



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 70075-		2. Name of Corporation RI School for the Deaf Association	
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 1 Corliss Park	City Providence	Zip 02908
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dinaz Adenwalla		Vice President Name Dana Janik	
Street Address 91 Marbury Ave		Street Address 3 Lady Slipper Ln	
City Pawtucket	State RI	City Marion	State Ma
Zip 02860		Zip 02738	
Secretary Name Krysten Flynn		Treasurer Name Lena Greene	
Street Address 270 Diamond Hill Rd		Street Address 475 Newman Ave	
City Warwick	State RI	City Seekonk	State Ma
Zip 02886		Zip 02771	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Dinaz Adenwalla		Director Name Dana Janik	
Street Address 91 Marbury Ave		Street Address 3 Lady Slipper Ln	
City Pawtucket	State RI	City Marion	State Ma
Zip 02860		Zip 02738	
Director Name Krysten Flynn		Director Name Lena Greene	
Street Address 270 Diamond Hill Rd		Street Address 475 Newman Ave	
City Warwick	State RI	City Seekonk	State Ma
Zip 02886		Zip 02771	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUN 11 2009
Check No.	
By	By [Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature]
Signature of Officer
Lena M. Greene
Print or Type Name of Officer
Treasurer
Title of Officer

6/9/09
Date