



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: \$20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. 117772		2. Exact name of the Corporation The Alumni Association of the RI School for the Deaf		
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 401 Lake Shore Drive		City Warwick
				Zip 02889-3815
5. Foreign corporation. Enter principal office address			City	State
				Zip
6. Brief description of the character of business conducted in Rhode Island General meeting twice a year, board meeting 4 times a year, hosting events.				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Douglas L. Woodworth			Vice-President Name Gloria Sobral		
Street Address 401 Lake Shore Drive			Street Address 254 Trent Avenue		
City Warwick	State RI	Zip 02889-3815	City Warwick	State RI	Zip 02889
Secretary Name Jeannie Desmarais-Valdez			Treasurer Name Paul Tomasian		
Street Address 37 East King Road			Street Address 843 Oak Hill Avenue		
City Tiverton	State RI	Zip 02878-2716	City Attleboro	State MA	Zip 02703

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Nancy Vinacco			Director Name Paul Francis		
Street Address 12 Eva Street			Street Address 24 Arrowhead Road		
City Providence	State RI	Zip 02908	City Seekonk	State MA	Zip 02771
Director Name Mary Lomastro			Director Name		
Street Address 9 Wasp Road			Street Address		
City North Kingstown	State Ri	Zip 02852	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED

JUN 06 2012

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File Date _____
 Check No _____
 By: _____
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.

Douglas L. Woodworth 6/4/2012
 Signature of Officer Date

DOUGLAS L. WOODWORTH
 Print or Type Name of Officer

President
 Title of Officer