



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 76130		2. Exact name of the Corporation RI CHAPTER OF ALEXANDER GRAHAM BELL ASSN FOR THE DEAF			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROMOTE THE TEACHING, AUDITORY ORAL EDUCATION & COUNSELLING OF PARENTS, SPECIAL ED AND VOCATION COUNSELLORS, SCHOOLS FOR THE DEAF.			
5. Principal office address 20 MARIBETH DRIVE		City JOHNSTON	State RI	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name IRAIDA WILLIAMS		Vice-President Name			
Street Address 20 MARIBETH DRIVE		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Jordan Sack		Treasurer Name			
Street Address 170 Bailey Blvd		Street Address			
City E Greenwich	State RI	Zip 02818	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name IRAIDA WILLIAMS		Director Name JORDAN SACK			
Street Address 20 MARIBETH DRIVE		Street Address 120 BAILEY BLVD			
City JOHNSTON	State RI	Zip 02919	City E. GREENWICH	State RI	Zip 02818
Director Name ARMANDO ALVES		Director Name			
Street Address 215 KNOLLRIDGE DRIVE		Street Address			
City N. SMITHFIELD	State RI	Zip 02896	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

2013 NOV 25 PM 9:07
 STATE
 CORPORATION DIV

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

FILED

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

NOV 25 2013

49-21599

A.A. 3:07 p.m.

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 of Officer: _____ Date: **11-22-2013**

IRAIDA WILLIAMS

Print or Type Name of Officer

PRESIDENT

Title of Officer