



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 2015**

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. Entry ID No. 33859		2. Exact name of the Corporation Rhode Island Association of the Deaf	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To promote and advance the educational, cultural and social welfare of deaf in RI	
5. Principal office address PO Box 40853		City Providence	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Todd Murano (interim)		Vice-President Name Vacant (resigned)	
Street Address 47 Wellerley Ave		Street Address	
City North Providence	State RI	Zip 02911	
Secretary Name Jane Newkirk		Treasurer Name Neil J. Leahy (interim)	
Street Address 23 Dewey Ave		Street Address 572 Smithfield Rd Unit 17	
City Tiverton	State RI	Zip 02878	City North Providence
			State RI
			Zip 02904
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 Gilbert Valdez		Director Name Neil J. Leahy	
Street Address 37 East King Road		Street Address 572 Smithfield Rd Unit 17	
City Tiverton	State RI	Zip 02878	City North Providence
			State RI
			Zip 02904
Director Name Todd Murano		Director Name	
Street Address 47 Wellerley Ave		Street Address	
City North Providence	State RI	Zip 02911	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.			

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

FILED

JUN 17 2015

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.

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

BY 251026 Neil J. Leahy 6/17/2015  
 Signature of Officer or Authorized Representative Date

Neil J. Leahy  
 Print or Type Name of Officer or Authorized Representative

2015 JUN 17 AM 9:37  
 RECEIVED  
 SECRETARY OF STATE