



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*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.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000031796

**2. Name of Corporation** THE NATIONAL FEDERATION OF THE BLIND OF RHODE ISLAND

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 14404

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CONSUMER ADVOCACY FOR THE BLIND

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.*

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	GRACIELA C. PIRES	69 FOURTH STREET EAST PROVIDENCE, RI 02914 USA
TREASURER	DANIEL KENDIG	208 LINCOLN AVENUE BARRINGTON, RI 02806 USA
SECRETARY	REGINA A CONNOR	49 CAMBRIDGE CIRCLE SMITHFIELD, RI 02917 USA
VICE PRESIDENT	J. JOHN PIMENTEL	95 TALLMAN AVE. PORTSMOUTH, RI 02871 USA
DIRECTOR	MOLLY C FAERBER	291 WILLIAMS STREET APT. 2 PROVIDENCE, RI 02906 USA
DIRECTOR	ROBERT C. PIRES	69 FOURTH ST .EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ANGELINA STABILE	10 OFFICE PARKWAY #904 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	RICHARD A. GAFFNEY	33 CIRCUIT DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	RUI M CABRAL	33 PARKER AVENUE EAST PROVIDENCE, RI 02914 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GRACIELA PIRES 69 FOURTH STREET EAST PROVIDENCE , RI 02914

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

**Signed this 2 Day of July, 2017 at 8:14:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By GRACIELA PIRES  
Signature of Authorized Person

Form No. 631  
Revised 09/07