



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV
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AARISD

1. Entity ID Number 000117772		2. Exact name of the Corporation The Alumni of RI School for the Deaf	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To preserve the influence and prestige of RI School for the Deaf.	
4. NAICS Code 813319			
6. Principal Office Address PO Box 113866		City No. Providence	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gloria Sobral		Vice-President Name Anthony Capriano	
Street Address 77 Old Forge Road		Street Address PO Box 7533	
City East Greenwich	State RI	City Warwick	State RI
Zip 02818		Zip 02887	
Secretary Name Barbara Confreda		Treasurer Name John Confreda	
Street Address 17 Middle St		Street Address 17 Middle St	
City No Providence	State RI	City No. Providence	State RI
Zip 02911		Zip 02911	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John Confreda		Director Name Barbara Confreda	
Street Address 17 Middle St		Street Address 17 Middle St	
City No Providence	State RI	City No Providence	State RI
Zip 02911		Zip 02911	
Director Name Gloria Sobral		Director Name	
Street Address 77 Old Forge Rd		Street Address	
City East Greenwich	State RI	City	State
Zip 02818		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Gloria Sobral President			Date 10/27/17
Signature of Officer/Authorized Representative <i>Gloria Sobral</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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