



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV
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Annual Report for the year: **2018**

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.

1. Entity ID Number 000117772		2. Exact name of the Corporation The Alumni Association of the RI School for the Deaf	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preserve the influence and prestige of the RI School for the Deaf	
4. NAICS Code 999999			
6. Principal Office Address PO BOX 113866		City North Providence	State RI
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Gloria Sobral		Vice-President Name Anthony Cipriano	
Street Address 77 Old Forge Rd		Street Address PO Box 7533	
City Warwick	State RI	City Warwick	State RI
Secretary Name Barbara Confreda		Treasurer Name John P Confreda	
Street Address 17 Middle Street		Street Address 17 Middle Street	
City North Providence	State RI	City North 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 Gloria Sobral		Director Name John P Confreda	
Street Address 77 Old Forge Rd		Street Address 17 Middle Street	
City Warwick	State RI	City North Providence	State RI
Zip 02818		Zip 02911	
Director Name Anthony Cipriano		Director Name	
Street Address PO Box 7533		Street Address	
City Warwick	State RI	City	State
Zip 02887		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 John P Confreda			Date 6/14/2018
Signature of Officer/Authorized Representative <i>John P Confreda</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

SIGN DOCUMENT HERE

FILED

JUN 19 2018

BY *[Signature]* 333002