



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

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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	Zip 02818	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	Zip 02911	City North Providence	
				State RI	
				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	Zip 02818	City North Providence	
				State RI	
				Zip 02911	
Director Name Anthony Cipriano			Director Name		
Street Address PO Box 7533			Street Address		
City Warwick		State RI	Zip 02887	City	
				State	
				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 					
SIGN DOCUMENT HERE					

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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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