



**State of Rhode Island**  
**Office of the Secretary of State**

No Fee

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

**Domestic Non-Profit**  
**Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001711592

**2. Name of Corporation** RI Hands and Voices

**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

813319

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 38 HIGH SERVICE AVENUE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

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

RI HANDS AND VOICES IS NON-PROFIT ORGANIZATION SET UP PRIMARILY BY PARENTS AND PROFESSIONALS FOR THE PURPOSE OF EDUCATION, COMMUNITY SUPPORT, AND FAMILY OUTINGS FOR CHILDREN WHO ARE DEAF OR HARD OF HEARING. THE RI CHAPTER OF HANDS AND VOICES IS PART OF THE NATIONAL HANDS AND VOICES ORGANIZATION.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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.  
7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ANGEL SCHULTZ	15 BURATI RD JOHNSTON, RI 02919 USA
TREASURER	OLIVIA WILLIAMS	20 MARIBETH DR JOHNSTON, RI 02919 USA
SECRETARY	EMMA MARCHETTI	353 TIDEWATER DR WARWICK, RI 02889 USA
VICE PRESIDENT	DONNA RIZZO	38 HIGH SERVICE AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	GLADY MEDINA	60 WOODWARD ST CUMBERLAND, RI 02864 USA
DIRECTOR	IRAIDA WILLIAMS	20 MARIBETH DR JOHNSTON, RI 02911 USA
DIRECTOR	ROBERT SELDON	54 GATEWAY RD NORTH KINGSTON, RI 02852 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**

DONNA RIZZO 38 HIGH SERVICE AVENUE NORTH PROVIDENCE , RI 02911

**Signed this 19 Day of April, 2023 at 3:27:29 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 DONNA RIZZO  
Signature of Authorized Person

Form No. 631  
Revised 09/07



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

April 19, 2023 03:26 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

