



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000117772		2. Exact name of the Corporation Alumni Association of the RI School for the Deaf	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island 1. To preserve the influence and prestige of the ^{the Deaf} RI School 2. To promote closer ties between the school and ^{Alumni} Alumni 3. To promote general friendship among all former members of the school of different year among interested friends	
4. NAICS Code 813319			
6. Principal Office Address 1 Corliss Park		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jeffery Buchanan		Vice-President Name Colonia Sbral	
Street Address 48 Elmbrook Drive		Street Address 77 Old Forge Rd	
City Warwick	State RI	City East Greenwich	State RI
Zip 02889		Zip 02818	
Secretary Name Nancy Vinacop		Treasurer Name Laure Testone	
Street Address 21 Shadowbrook Lane #1		Street Address 25 Chaple Dr	
City Milford	State MA	City Cranston	State RI
Zip 01757		Zip 02920	
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 Anthony Cipriano		Director Name Aimee Peterson	
Street Address P.O. Box 7533		Street Address 882 Greenwich Ave	
City Warwick	State RI	City Warwick	State RI
Zip 02887		Zip 02886	
Director Name David Hatch		Director Name	
Street Address 128 Grandview Ave		Street Address	
City Lincoln	State RI	City	State
Zip 02865		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Laure J Testone			Date 11.8.23
Signature of Officer/Authorized Representative Laure J Testone			

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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BY **TRUCR**
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