

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year	:
Non-Profit Corporation	•

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.	AAA3 416			
1. Entity ID Number	2. Exact name of	f the Corporation	2023 150			
000117772	Alum	ni Assa	iciation of	The II Sch	ool firm	K
3. State of Incorporation Nucle Tsand 4. NAICS Code	1. TO Pres	elve the inf	of business conducted in I flusence and pres two between to	tige of the PUSI	Deaf Deaf Imni,	
813319	3 TO Pro	omate Gener	al Friendship amon Different Year	ng all Former, amous intenstee	ariend of	
6. Principal Office Address		301.00	City	State	17:4	ron WA
2 Corliss Par	K		Providence	M	1 4 - 72 - 47 14	Zhy.
7. List ALL officers (names and add	dresses)			Check the box to indicate an		hod
President Name Jeffery	Buchan	an	Vice-President Name	la Sobral		xhu ants
Street Address 48 E/m	brook 1	Drive	Street Address 7 7 0	ld Forge R	d	
civ warwick	State	zip 2889	city East Green	WICK State Py	282818	
Secretary Name Nan CU	Vinacco		Treasurer Name	Testone		
Street Address 2 Shado	w brook	Lane #		ple Dr		
City Milford	State	zip 01757	city Cranston	State	zip 2920	
B. List ALL directors (names and ad	ddresses). RI Corp	orations MUST lis	t at least THREE directors.	Check the box to indicate an	attachment	
Director Name Anthony	Cipria	nD	Director Name Amne	e Pereson	n	
Street Address P.O. B	ox 75.	33	Street Address	Green wich	Ave	
CHY WANNICK	State	zip02887	city Warwick	State	282880	
Director Name Pavid	tateh		Director Name			
Street Address 128 Gra	and View	Ave	Street Address			
city Lincoln	State //	zip02865	City	State	Zip	
9. The Registered Agent informatio	n of record with th	e Ri Department o	f State is accurate. Change	es require filing Form 641.		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained her	I have examined rein are true and o	this report, including any correct.	y accompanying schedul	es and	
This report must be signed by either the Pres				Representative, Receiver or Truste	e .	
Name of Officer/Authorized Repres	entative hn	0	-	Date	.23	
Signature of Officer/Authorized Rep	ノントリリー presentative			1 11 0		
Laune &	shove		FILED			
MAIL TO:						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

NOV 08 2023 BY 12 LCL AA-12: 29 pm. FORM 631- Revised. 04/2023