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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

1. Entity ID Number: 47797	2. Exact name of the Corporation: RHODE ISLAND DEAF SENIOR CITIZENS
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: SOCIAL ACTIVITIES
4. NAICS Code: 624120	

6. Principal Office Address	City	State	Zip
529 PLAINFIELD STREET	PROVIDENCE	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DIANE HORRIDGE			Vice-President Name: DONALD ROONEY		
Street Address: 980 DIAMOND HILL DRIVE			Street Address: 90 JERRY LANE		
City: WARWICK	State: RI	Zip: 02886	City: NORTH KINGSTON	State: RI	Zip: 02852
Secretary Name: PATRICIA Peter-I O'NEILL			Treasurer Name: GARY FORTIER		
Street Address: 1 MEAD STREET			Street Address: 94 CONCORD AVENUE		
City: COVENTRY	State: RI	Zip: 02816	City: WEST WARWICK	State: RI	Zip: 02893

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: RAYMOND NEFORD			Director Name: MARIA DACOSTA		
Street Address: 1 LAWRENCE AVENUE			Street Address: 686 Chace St.		
City: SO. ATTLEBORO	State: MA	Zip: 02703	City: Somerset	State: MA	Zip: 02726
Director Name: CINDA COOKE			Director Name:		
Street Address: 1214 CRANSTON ST. APT. 419			Street Address:		
City: CRANSTON	State: RI	Zip: 02920	City:	State:	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	Date
GARY FORTIER	2/27/2024

Signature of Officer/Authorized Representative: Gary Fortier

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

FEB 27 2024
BY C TPT

FORM 631- Revised 04/2023