



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
MAR 12 2024  
BY *[Signature]*

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<br><b>28299</b>   |                 | 2. Exact name of the Corporation<br><b>Friends of the Rhode Island School for the Deaf</b>  |   |                              |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To engage in fund raising activities, teach sign language</b> |   |                              |                     |
| 4. NAICS Code<br><b>813319</b>  |                 |   |   |                              |                     |
| 6. Principal Office Address<br><b>1 Corliss Park</b>  |                 |   | City<br><b>Providence</b>                   | State<br><b>RI</b>           | Zip<br><b>02908</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                              |                     |
| President Name <b>Gerard Dandeneau</b>  |                 |   | Vice-President Name <b>Arthur Novsam</b>    |                              |                     |
| Street Address <b>15 Watauga Avenue</b>   |                 |   | Street Address <b>57 Indian Trail South</b> |                              |                     |
| City <b>N. Providence</b>   | State <b>RI</b> | Zip <b>02911</b>  | City <b>Wakefield</b>                       | State <b>RI</b>              | Zip <b>02879</b>    |
| Secretary Name <b>Helen Novsam</b>  |                 |   | Treasurer Name <b>Helen Litterst</b>        |                              |                     |
| Street Address <b>57 Indian Trail South</b>   |                 |   | Street Address <b>3 Lorimar Lane</b>        |                              |                     |
| City <b>Wakefield</b>   | State <b>RI</b> | Zip <b>02879</b>  | City <b>Rehoboth</b>                        | State <b>MA</b>              | Zip <b>02769</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |                 |   |   |                              |                     |
| Director Name   |                 |   | Director Name                               |                              |                     |
| Street Address  |                 |   | Street Address                              |                              |                     |
| City  | State           | Zip   | City  | State                        | Zip                 |
| Director Name   |                 |   | Director Name                               |                              |                     |
| Street Address  |                 |   | Street Address                              |                              |                     |
| City  | State           | Zip   | City  | State                        | Zip                 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.   |                 |   |   |                              |                     |
| <b>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.</b>                   |                 |   |   |                              |                     |
| <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<br><b>Helen Litterst</b>  |                 |   |   | Date<br><b>March 8, 2024</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Helen Litterst</i>   |                 |   |   |                              |                     |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

Friends of the Rhode Island School for the Deaf  
Corp. ID No. 28299

Directors:

1. John Plante  
1 Corliss Park  
Providence, RI 02908
2. Kenneth Schneider  
1 Corliss Park  
Providence, RI 02908
3. Robert Raphael  
1 Corliss Park  
Providence, RI 02908
4. Manuel Rodrigues  
1 Corliss Park  
Providence, RI 02908
5. Nancy Vinacco  
1 Corliss Park  
Providence, RI 02908
6. Helen Novsam  
1 Corliss Park  
Providence, RI 02908
7. Arthur Novsam  
1 Corliss Park  
Providence, RI 02908
8. Helen Litterst  
1 Corliss Park  
Providence, RI 02908
9. Gerard Dandeneau  
1 Corliss Park  
Providence, RI 02908
10. Sandra Campanale  
1 Corliss Park  
Providence, RI 02908

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