



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 <b>28299</b>		2. Exact name of the Corporation <b>Friends of the Rhode Island School for the Deaf</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To engage in fund raising activities, teach sign language</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>1 Corliss Park</b>			City <b>Providence</b>	State <b>RI</b>	Zip <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 <b>Helen Litterst</b>				Date <b>March 8, 2024</b>	
Signature of Officer/Authorized Representative <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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