



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001711592

**2. Name of Corporation** RI Hands and Voices

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 38 HIGH SERVICE AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

RI HANDS AND VOICES IS NON-PROFIT ORGANIZATION SET UP PRIMARILY BY PARENTS AND PROFESSIONALS FOR THE PURPOSE OF EDUCATION, COMMUNITY SUPPORT, AND FAMILY OUTINGS FOR CHILDREN WHO ARE DEAF OR HARD OF HEARING. THE RI CHAPTER OF HANDS AND VOICES IS PART OF THE NATIONAL HANDS AND VOICES ORGANIZATION.

**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANGEL SCHULTZ	15 BURATI RD JOHNSTON, RI 02919 USA
TREASURER	OLIVIA WILLIAMS	20 MARIBETH DR JOHNSTON, RI 02919 USA
SECRETARY	EMMA MARIETTI	37 REMINGTON FARM DR COVENTRY, RI 02816 USA
VICE PRESIDENT	DONNA RIZZO	38 HIGH SERVICE AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	IRAIDA WILLIAMS	20 MARIBETH DR JOHNSTON, RI 02911 USA
DIRECTOR	MAKAYLA PIERS	230 HILL RD HARRISVILLE, RI 02830 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DONNA RIZZO 38 HIGH SERVICE AVENUE NORTH PROVIDENCE , RI 02911

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of April, 2025 at 11:48:52 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DONNA RIZZO  
Signature of Authorized Person