



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 <u>1752221</u>		2. Exact name of the Corporation <u>New England Deaf Senior Citizens</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To meet / socialize events</u> <u>General Meeting (twice a year)</u> <u>Convention (every 2 years)</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>280 Diamond Hill RD</u>		City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Alex Witkowski</u>		Vice President Name <u>David Lawrence</u>	
Street Address <u>PO Box 732</u>		Street Address <u>81 Hemlock PL</u>	
City <u>Naugatuck</u>	State <u>CT</u>	City <u>Middletown</u>	State <u>CT</u> Zip <u>06457</u>
Secretary Name <u>Ruth Moore</u>		Treasurer Name <u>Diane Horridge</u>	
Street Address <u>25 Woodlawn RD</u>		Street Address <u>280 Diamond Hill RD</u>	
City <u>Hadley</u>	State <u>MA</u> Zip <u>01035</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Richard Todd</u>		Director Name <u>Mary Longastro</u>	
Street Address <u>2136 Patch RD</u>		Street Address <u>1218 Main St Apt B</u>	
City <u>Putney</u>	State <u>Vt</u> Zip <u>05346</u>	City <u>Coventry</u>	State <u>RI</u> Zip <u>02816</u>
Director Name <u>Robert Horridge Jr</u>		Director Name	
Street Address <u>280 Diamond Hill RD</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>	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 <u>Diane Horridge</u>			Date <u>4/2/25</u>
Signature of Officer/Authorized Representative <u>Diane Horridge</u>			

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

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