



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000028036		2. Exact name of the Corporation C.I.T.E. (Center for Individualized Training and Education)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Diagnostic and habilitative day facility			
5. Principal office address 15 Bough Street		City Providence	State RI	Zip 02909	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Michael Black			Vice-President Name		
Street Address 64 Broadview Drive			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Laurel Scorpio			Treasurer Name James Squadrito		
Street Address 89 Putnam Pike			Street Address 10 Belle Isle Way		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name Meghan K. Broz			Director Name Michele E. Petrocelli		
Street Address 29 Laurwood Drive			Street Address 20 Jefferson Park Rd.		
City Bolton	State Ct.	Zip 06043	City Warwick	State RI	Zip 01888
Director Name Michael Fuchs			Director Name Fred Veltri		
Street Address 10 Lord Fox Run			Street Address 331 Broadway		
City Lincoln,	State RI	Zip 02865	City Providence	State RI	Zip 0299
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**  
**JUL 22 2013**  
 BY 5170

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.

Michael Black 7/9/13  
 Signature of Officer Date

Michael Black  
 Print or Type Name of Officer

President  
 Title of Officer