



State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2014

1. Corporate ID No. 000613161

2. Name of Corporation The Center for Research and Education in Technology, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 12 WEST FAIRWAY AVENUE

City or Town: WESTERLY

State: RI Zip: 02891 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TRAINING DENTAL STUDENTS IN THE LATEST DENTAL TECHNOLOGY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDWARD F ROSSOMANDO	12 WEST FAIRWAY AVE WESTERLY , RI 02891 USA
TREASURER	GORDON HAGLER	2 WEST LIBERTY BLVD MALVERN, PA 19355 USA
DIRECTOR	ALAN KEGERISE	1710 ROMANO DR

		PLYMOUTH MEETING, PA 19462 USA
DIRECTOR	JOHN BETTENCOURT	1031 MENDOTA HEIGHTS RD ST. PAUL, MN 55120 USA
DIRECTOR	CHARLES COHEN	295 CENTERPOINT BOULEVARD PITTSTON, PA 18640 USA
DIRECTOR	DAVID BANGERT	1500 MITTEL BOULEVARD WOOD DALE, IL 60191 USA

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

EDWARD ROSSOMANDO 12 W. FAIRWAY AVENUE WESTERLY , RI 02891

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

Signed this 5 Day of May, 2014 at 1:13:41 PM 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 EDWARD ROSSOMANDO
Signature of Authorized Person

Form No. 631
Revised 09/07

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