



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 100918		2. Exact name of the Corporation Finishing Trades Institute of Southern New England, Inc.			
3. State of Incorporation CT		4. Brief description of the character of business conducted in Rhode Island Training School			
5. Principal office address 1492 Berlin Turnpike		City Berlin	State CT	Zip 06037	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name None		Vice-President Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name Dominick Cieri		Treasurer Name Robert J. Massey, Jr.			
Street Address 27 Clay Creek Drive		Street Address 253 Pine Orchard Road			
City Suffield	State CT	Zip 06032	City Branford	State CT	Zip 06405
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Norbert Oliveira		Director Name <i>Keith Back Jr</i>			
Street Address 75 Vineyard Avenue		Street Address <i>685 Social Street, Unit 305</i>			
City East Providence	State RI	Zip 02914	City <i>Woonsocket</i>	State <i>RI</i>	Zip <i>02895</i>
Director Name Mark Verity		Director Name <i>John Mastriano</i>			
Street Address 912 Vauxhall Street		Street Address <i>66 Weaver Circle</i>			
City Quaker Hill	State CT	Zip 06375	City <i>North Haven</i>	State <i>CT</i>	Zip <i>06473</i>
8. REGISTERED AGENT IN RHODE ISLAND					
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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 22 2015

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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.

Signature of Officer or Authorized Representative

06/11/2015

Date

Dominick Cieri

Print or Type Name of Officer or Authorized Representative