



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 793771		2. Exact name of the Corporation Rhode Island Technology Education + Engineering Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The RI TEEA is a professional organization of Technology Educators teaching in school districts across Rhode Island. We hold monthly meetings, provide professional development and run a competition	
4. NAICS Code			
6. Principal Office Address 90 Pleasant View Avenue		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jeff Macari		Vice-President Name Jennifer Robinson	
Street Address 90 Pleasant View Avenue		Street Address 575 Centerville Road	
City Smithfield	State RI	City Warwick	State RI
Zip 02917		Zip 02886	
Secretary Name Kris Robinson		Treasurer Name John Marsola	
Street Address 575 Centerville Road		Street Address 179 Forbes Street	
City Warwick	State RI	City Riverside	State RI
Zip 02886		Zip 02915	
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 Jeff Macari		Director Name Jennifer Robinson	
Street Address 90 Pleasant View Ave		Street Address 575 Centerville Rd.	
City Smithfield	State RI	City Warwick	State RI
Zip 02917		Zip 02886	
Director Name John Marsola		Director Name	
Street Address 179 Forbes St.		Street Address	
City Riverside	State RI	City	State
Zip 02915		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative John Marsola		Date 6/19/17	
Signature of Officer/Authorized Representative <i>John Marsola</i>		FILED	

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

FILED
 JUN 22 2017
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 FORM 631 - Revised: 05/2017