



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

Annual Report for the year:  
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.

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1. Entity ID Number <b>60277</b>		2. Exact name of the Corporation <b>NEW ENGLAND ASSOCIATION OF TECHNOLOGY TEACHERS</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>MEETINGS &amp; CONFERENCES</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>5 SUSAN CIRCLE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KEN BERTRAND</b>		Vice-President Name <b>KEYIN STOCKWELL</b>	
Street Address <b>35 GILMORE ST</b>		Street Address <b>135 WALLUM LAKE DR</b>	
City <b>QUINCY</b>	State <b>MA</b>	City <b>PASCOAG</b>	State <b>RI</b>
Zip <b>02170</b>		Zip <b>02859</b>	
Secretary Name <b>BRIAN MISKINIS</b>		Treasurer Name <b>GERALD G FLORIO</b>	
Street Address <b>55 RESERVATION RD</b>		Street Address <b>5 SUSAN CIRCLE</b>	
City <b>DEERFIELD</b>	State <b>NH</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>03037</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>GERALD G FLORIO</b>		Director Name <b>COLBY SKOGLUND</b>	
Street Address <b>5 SUSAN CIRCLE</b>		Street Address <b>14-1 STONEHEDGE DR</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>SO. BURLINGTON</b>	State <b>VT</b>
Zip <b>02919</b>		Zip <b>05403</b>	
Director Name <b>ZACHARY FOWLER</b>		Director Name <b>RAYMOND SUTYLA</b>	
Street Address <b>3 PINE GROVE AVE</b>		Street Address <b>28 MIDDLE BUTCHER RD</b>	
City <b>GOFFSTOWN</b>	State <b>NH</b>	City <b>ELLINGTON</b>	State <b>CT</b>
Zip <b>03045</b>		Zip <b>06029</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>GERALD G FLORIO</b>			Date <b>7/6/17</b>
Signature of Officer/Authorized Representative <i>Gerald G Florio</i>			<b>FILED</b>

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

**JUL 06 2017**  
**BY 307673**  
**A.A.**