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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 25 AM 10:09

Annual Report for the year: 2018
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	2. Exact name of the Corporation
60277	NEW ENGLAND ASSOCIATION OF TECHNOLOGY TEACHERS - NEATT
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: MEETINGS and CONFERENCES
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
5 SUSAN CIRCLE	JOHNSTON	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MATTHEW MONIZ	KEN BERTRAND
Street Address: 15 LESLIE AVENUE	Street Address: 35 GILMORE ST
City: BARRINGTON State: RI Zip: 02806	City: QUINCY State: MA Zip: 02170
Secretary Name	**Treasurer Name**
BRIAN MISKINIS	GERALD FLORIO
Street Address: 55 RESERVATION RD	Street Address: 5 SUSAN CIRCLE
City: DEERFIELD State: NH Zip: 03037	City: JOHNSTON State: RI Zip: 02919

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
GERALD G FLORIO	COLBY SKOGLUND
Street Address: 5 SUSAN CIRCLE	Street Address: H-1 STONEHEDGE DR
City: JOHNSTON State: RI Zip: 02919	City: SO. BURLINGTON State: VT Zip: 05403
Director Name	**Director Name**
KEVIN STOCKWELL	ZACHARY FOWLER
Street Address: 135 WALLUM LAKE DR	Street Address: 3 PINEGROVE AVE
City: PASCOAG State: RI Zip: 02919	City: GOFFSTOWN State: NH Zip: 03045

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.

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

Name of Officer/Authorized Representative	Date
GERALD G FLORIO	5/31/18

Signature of Officer/Authorized Representative: Gerald G Florio SIGN DOCUMENT HERE

FILED
JUN 25 2018
BY 333400

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

FORM 631 - Revised: 11/2017