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

**Annual Report for the year:** 2019
**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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CORPORATIONS DIV
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| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 60277 | NEW ENGLAND ASSOCIATION OF TECHNOLOGY TEACHERS |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Meeting and Conferences NEATT |
| 4. NAICS Code: 813990 | |

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

7. List ALL officers (names and addresses)

| President Name | Vice-President Name (Check the box to indicate an attachment ☐) |
|---|---|
| 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:** DANIEL CARON | **Treasurer Name:** |
| Street Address: 225 LIBERTY HILL ROAD | Street Address: |
| City: GILFORD State: NH Zip: 03249 | City: State: Zip: |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.

| Director Name | Director Name (Check the box to indicate an attachment ☐) |
|---|---|
| GERALD G FLORIO | KEVIN STOCKWELL |
| Street Address: 5 SUSAN CIRCLE | Street Address: 135 WALLUM LAKE DR |
| City: JOHNSTON State: RI Zip: 02919 | City: PASCOAG State: RI Zip: 02859 |
| **Director Name:** COLBY SKOGLUND | **Director Name:** RAYMON SUTYLA |
| Street Address: H-1 STONEHEDGE DR | Street Address: 28 MIDDLE BUTCHER RD |
| City: So. BURLINGTON State: VT Zip: 05403 | City: ELLINGTON State: CT Zip: 06029 |

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: GERALD G FLORIO — Date: 6/14/19

Signature of Officer/Authorized Representative: Gerald G Florio

SIGNED

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

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FORM 631 - Revised: 03/2019