



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 793771		2. Exact name of the Corporation Rhode Island Technology Education and Engineering Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island RI TEEA is a professional organization of Technology Educators who work in Rhode Island schools. We hold monthly meetings to share information. We run an annual competition for RI students.	
4. NAICS Code 611710			
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 Marsula	
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 Avenue		Street Address 575 Centerville Road	
City Smithfield	State RI	City Warwick	State RI
Zip 02917		Zip 02886	
Director Name John Marsula		Director Name	
Street Address 179 Forbes Street		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.			
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 JOHN MARSULA			Date 6-29-2020
Signature of Officer/Authorized Representative <i>John Marsula</i>			FILED

JUN 29 2020
BY *130*