State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000127126

2. Name of Corporation TECH COLLECTIVE-WORKFORCE DEVELOPMENT FUND INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

813910

4. Principal Office Address

No. and Street: P.O. BOX 41016
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: P.O. BOX 41016

City or Town: PROVIDENCE State: RI Zip: 02940 Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROMOTE TECHNOLOGY EDUCATION, SCIENTIFIC RESEARCH AND DEVELOPMENT AND WORKFORCE DEVELOPMENT IN THE TECHNOLOGY SECTOR

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	OSCAR T. HEBERT	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
TREASURER	SANDY ROSS	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
VICE PRESIDENT	JOSEPH DEVINE	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
SECRETARY	LISA SHORR	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	OSCAR T. HEBERT	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	SANDY ROSS	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	JOSEPH DEVINE	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	LISA SHORR	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	MICHAEL F. SWEENEY	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	JEANNE LIEB	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	SUSAN DEBERARDIS	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	CHRIS CIUNCI	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	PETE MOREAU	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	DR. FRANK SANCHEZ	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	DOUGLASS TONDREAU	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	JASON ALBUQUEQUE	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	WILLIAM ANNINO	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	SIU-LI KHOE	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	KIMBERLY ARCAND	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	KENO MULLINS	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	BARRY SILVER	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	TODD KNAPP	P.O. BOX 41016 PROVIDENCE, RI 02940 USA
DIRECTOR	TUNI SCHARTNER	P.O. BOX 41016 PROVIDENCE, RI 02940 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL F. SWEENEY, ESQ. 321 SOUTH MAIN STREET, 4TH FLOOR PROVIDENCE , RI 02903

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

Signed this 29 Day of June, 2021 at 12:10:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By OSCAR T. HEBERT
Signature of Authorized Person

Form No. 631
Revised 09/07