RI SOS Filing Number: 202328018240 Date: 2/6/2023 4:00:00 PM - ....

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023 **Non-Profit Corporation** 

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

-> Penalty: Additional \$25,00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation				
1001300	Undersea Technology Innovation Center				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE				
4. NAICS Code	RESEARCH, DEVELOPMENT, EDUCATION OUTREACH, AND				
1.541719	WORKFORCE DEVELOPMENT AND TRAINING RELATED TO UNDERSEA				
6. Principal Office Address			City	State	Zip
2 Corporate Place Suite 203			Middletown	RI	02842
7. List ALL officers (names and add	iresses)		Check the box to indicate an attachment 🗸		
President Name Debbie Proffitt			Vice-President Name Don McCormack		
Street Address 2 Corporate Place Suite 203			Street Address 2 Corporate Place Suite 203		
<sup>City</sup> Middletown	Slate	Zip	<sup>City</sup> Middletown	State	Zip
Secretary Name Brian McKeon			Treasurer Name Kelly Mendell		
Street Address 2 Corporate Place Suite 203			Street Address 2 Corporate Place Suite 203		
<sup>City</sup> Middletown	State	Zip	<sup>City</sup> Middletown	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Rick Murray			Director Name Jon Tetreault		
Street Address 2 Corporate Place Suite 203			Street Address 2 Corporate Place Suite 203		
<sup>City</sup> Middletown	State	Zip	City Middletown	State	Zip
Director Name Rusty Smith			Director Name Mike Connor		
Street Address 2 Corporate Place Suite 203			Street Address 2 Corporate Place Suite 203		
<sup>City</sup> Middletown	State	Zıp	City Middletown	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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	
Molly Donohue Magee				1 February 2	2023
Signature of Officer/Authorized Representative  Aug / W / V / V / V / V / V / V / V / V / V					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

## Item 7 - Additional Board Members

Tim DelGiudice

2 Corporate Place Suite 203 Middletown, RI 02842