



**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

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*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:** 2023

**1. Corporate ID No.** 000055540

**2. Name of Corporation** Corporation for Public Management

**3. State of Incorporation**

State: MA

**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

624190

**4. Principal Office Address**

No. and Street: ONE WEST EXCHANGE STREET

3RD FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

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

EMPLOYMENT AND TRAINING PROGRAM

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	HERIBERTO FLORES	46 ATWATER TERRACE SPRINGFIELD, MA 01107 USA
TREASURER	PAUL BAYMON	57 THOMPSON STREET SPRINGFIELD, MA 01109 USA
DIRECTOR	JOSEPH GREENE	180 JOHN OLDS DRIVE MANCHESTER, CT 06031 USA
DIRECTOR	DANIEL KNAPIK	43 E. SILVER STREET WESTFIELD, MA 01103 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**

THOMAS A. HANLEY, ESQ. ONE WEST EXCHANGE STREET, 3RD 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 23 Day of March, 2023 at 11:31:26 AM 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 HERIBERTO FLORES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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