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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2023 OCT -4 P 1:19

1. Entity ID Number	2. Exact name of the Corporation
000959399	Global Science Envirotech, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: We are a Science and Technology organization instructing in STEM fields, providing R & D services in health, education, and CAD/Additive.
4. NAICS Code: 54171	

6. Principal Office Address	City	State	Zip
1370 Cranston Street, Suite 1	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Christopher Hunter, PhD			Vice-President Name: Gretchen Macht, PhD		
Street Address: 143 Peaked Rock Road			Street Address: Fascitelli Center, 2 East A, URI		
City: Wakefield	State: RI	Zip: 02879	City: Kingston	State: RI	Zip: 02881
Secretary Name: Eric Ricci, DMD			Treasurer Name		
Street Address: 1252 Smith Street			Street Address		
City: Providence	State: RI	Zip: 02908	City	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: Brendan Ryan			Director Name: David Collier, MS		
Street Address: 5 S Hill Drive			Street Address: 797 Westminister Street		
City: Cranston	State: RI	Zip: 02920	City: Providence	State: RI	Zip: 02905
Director Name: Kayode K. Idowu			Director Name: Michael Santana		
Street Address: 110 Merick Avenue			Street Address: 15 McCabe Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02910

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: **Jesse Jordan, MD, Founder** — 1:19 pm — Date: 10/01/2023

Signature of Officer/Authorized Representative: Jesse J. Jordan Jr., MD

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

FORM 631- Revised: 04/2023