



**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: 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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001664157

**2. Name of Corporation** Skills for Rhode Island's Future

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

624310

**4. Principal Office Address**

No. and Street: 30 EXCHANGE TERRACE

FLOOR 1

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

SKILLS FOR RHODE ISLAND'S FUTURE UNITES THE STATE OF RHODE ISLAND'S BUSINESSES, WORKFORCE DEVELOPMENT PARTNERS, AND EDUCATIONAL INSTITUTIONS AROUND A SHARED GOAL OF MAKING THE STATE OF RHODE ISLAND THE MOST ATTRACTIVE LOCATION IN THE NATION FOR EMPLOYERS SEEKING SKILLED LABOR TO DRIVE THEIR BUSINESS GROWTH. THE CORPORATION WORKS TO CLOSE THE SKILLS GAP BETWEEN CURRENT AND ANTICIPATED BUSINESS HIRING NEEDS AND THE SKILLS OF THE AVAILABLE

**WORKFORCE. LEVERAGING PUBLIC-PRIVATE PARTNERSHIPS, THE CORPORATION PARTNERS WITH HIGH QUALITY EDUCATION PROVIDERS AND BUSINESS PARTNERS TO OFFER TRAINING FOR IN-DEMAND CAREERS.**

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEPHANIE FEDERICO	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
TREASURER	PATRICIA THOMPSON	144 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
CEO	NINA PANDE	30 EXCHANGE TERRACE, 1ST FL PROVIDENCE, RI 02903 USA
DIRECTOR	LAURIE WHITE	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	AMANDA BAILEY	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	JENIFER GIROUX	600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908 USA
VICE PRESIDENT	CINDY ERICKSON	ONE CITIZENS BANK WAY JOHNSTON, RI 02919 USA
DIRECTOR	SHANNON BROADBENT	1 BEACON CENTRER WARWICK, RI 02886 USA
DIRECTOR	IMARIS VIERA VAZQUEZ	40 TECHNOLOGY WAY WEST GREENWICH, RI 02817 USA
DIRECTOR	BRIAN HOWARD	165 DILLABUR AVENUE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DENNIS BERGER	30 EXCHANGE TERRACE, 1ST FL PROVIDENCE, RI 02903 USA
DIRECTOR	JEFF LACKEY	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	MARYANN PELLAND	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	SAMUEL PALMISANO	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 USA
DIRECTOR	KERRI BORBA	30 EXCHANGE TERRACE PROVIDENCE, RI 02903 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**

NINA PANDE 30 EXCHANGE TERRACE 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 19 Day of April, 2024 at 1:04:25 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 NINA PANDE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved