



**State of Rhode Island  
Office of the Secretary of State**

No Fee

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

**Domestic Non-Profit  
Annual Report - Amended**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001662857

**2. Name of Corporation** Rhode Island Higher Education Training Consortium

**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

611110

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1150 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDE THE HIGHER EDUCATION WORKFORCE WITH THE TRAINING THEY  
NEED TO SUCCEED, WHILE AFFORDING OPPORTUNITIES TO NETWORK WITH  
COLLEAGUES FROM OTHER AREA INSTITUTIONS.

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	NICOLE LEMERY	2 COLLEGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MEAGHAN TRAYNER	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	WENDY MCRAE-OWOEYE	1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918 USA
DIRECTOR	PHARETH THEUL	600 MT PLEASANT AVE PROVIDENCE, RI 02908 USA

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

MEAGHAN TRAYNER 1150 DOUGLAS PIKE SMITHFIELD , RI 02917

Signed this 13 Day of November, 2024 at 8:32:49 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 ABIGAIL MCLEAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07