



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 001061492		2. Exact name of the Corporation Rhode Island CTE trust on career and technical education			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO SOLICIT PUBLIC FUNDS AND GRANTS SUPPORTING CAREER AND TECHNICAL EDUCATION IN RI AND TO PROVIDE ADVISORY SERVICES TO THE RI BOARD OF EDUCATION PURSUANT TO R.I.G.L. SECTION 16-53-8.			
4. NAICS Code 611110					
6. Principal Office Address 317 IRON HORSE WAY SUITE 203		City PROVIDENCE		State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ELIZABETH M. TANNER			Vice-President Name		
Street Address 317 IRON HORSE WAY, SUITE 203			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 ELIZABETH M. TANNER			Director Name DAVID CHENEVERT		
Street Address 317 IRON HORSE WAY, SUITE 203			Street Address 317 IRON HORSE WAY, SUITE 203		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name MATTHEW WELDON			Director Name ROBERT J. BALDWIN		
Street Address 317 IRON HORSE WAY, SUITE 203			Street Address 317 IRON HORSE WAY, SUITE 203		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
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, any Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative ELIZABETH M. TANNER				Date DECEMBER 27, 2024	
Signature of Officer/Authorized Representative <i>Elizabeth M. Tanner</i>				BY <i>CKWVS</i> 1154 <i>ES</i>	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov