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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
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	2. Exact name of the Corporation
000990367	Rhode Island Career and Technical Education Trust Private
3 State of Incorporation: Rhode Island	5 Brief description of the character of business conducted in Rhode Island: **TO SOLICIT PRIVATE FUNDS 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	City	State	Zip
317 IRON HORSE WAY, SUITE 203	PROVIDENCE	RI	02908

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

President Name	Street Address	City	State	Zip
Robert J. Baldwin	317 IRON HORSE WAY, SUITE 203	PROVIDENCE	RI	02908

Vice-President Name	Street Address	City	State	Zip
John Charles Simmons	317 IRON HORSE WAY, SUITE 203	PROVIDENCE	RI	02908

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	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	Street Address	City	State	Zip
John C. Gregory	317 IRON HORSE WAY, SUITE 203	PROVIDENCE	RI	02908

Director Name	Street Address	City	State	Zip
Gary S. Ezovski	317 IRON HORSE WAY, SUITE 203	PROVIDENCE	RI	02908

Director Name	Street Address	City	State	Zip
David Chenevert	317 IRON HORSE WAY, SUITE 203	PROVIDENCE	RI	02908

Director Name	Street Address	City	State	Zip

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

FILED

Name of Officer/Authorized Representative	Date
Robert J. Baldwin	12/27/2024

JAN 06 2025

Signature of Officer/Authorized Representative	
Robert J. Baldwin	BY HPABK

1155

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 12/2023