

2025-01-27 15:00:00



**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 000990367		2. Exact name of the Corporation 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 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 Robert J. Baldwin					Vice-President Name John Charles Simmons						
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	
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 John C. Gregory					Director Name Gary S. Ezovski						
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 David Chenevert					Director Name						
Street Address 317 IRON HORSE WAY, SUITE 203					Street Address						
City PROVIDENCE		State RI		Zip 02908		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.											
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>											
Name of Officer/Authorized Representative Robert J. Baldwin									Date 12/27/2024		
Signature of Officer/Authorized Representative <i>Robert J. Baldwin</i>									FILED JAN 25 2025 BY HPA BK TBS		

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov