



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: **2024**

Non-Profit Corporation

FOR

→ 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 000100918		2. Exact name of the Corporation Finishing Trades Institute of Southern New England Inc.			
3. State of Incorporation CT		5. Brief description of the character of business conducted in Rhode Island Union Training Center			
4. NAICS Code 611519					
6. Principal Office Address 269 Macklin Street			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Verity			Vice-President Name Justin Kelley		
Street Address 912 Vauxhall Street			Street Address 15 Wysteria lane		
City Quaker Hill	State CT	Zip 06357	City Cumberland	State RI	Zip 02864
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 <input type="checkbox"/>					
Director Name Jason Werthman			Director Name Michael Komaromi		
Street Address 142 Freeman Road			Street Address 10 Sunset Terrace		
City Oxford	State CT	Zip 06478	City Seymour	State CT	Zip 06400
Director Name Angel Galloza			Director Name		
Street Address 131 Vernon St			Street Address		
City Hamden	State CT	Zip 06518	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Michael Komaromi				Date 02/21/2025	
Signature of Officer/Authorized Representative <i>Michael Komaromi</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 25 2025

BY *Pynor*

FORM 631- Revised: 12/2023