	State of Rho		Fee: \$20.00
	Office of the Secr	-	
	Division Of Busir		
	148 W. Rive		
7636	Providence RI 0 (401) 222-		
	(401) 222-	-50+0	
Foreign Non-Profit			
Annual Report Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time pro-			
penalty fee of \$25.00.			
ANNUAL REPORT YEAR - ENT	ER THE CURRENT YEAR	<b>2025</b> : <u>2025</u>	
1. Corporate ID No. 00081	4359		
2. Name of Corporation Center	er for Workforce Inclusion	on, Inc.	
3. State of Incorporation			
State: <u>DC</u>			
	NAICS COL	DE	
primary type of activity in whic	h your entity engages. Tl on the chosen selection.	the classification title that desc he box to the right of the dropde . If the NAICS Code is known, e classification <u>click here.</u>	own will
NAICS Code			
624310			
024510			
4. Principal Office Address			
No. and Street: <u>8403 COLES</u>	/ILLE ROAD, SUITE		
<u>200</u>			
City or Town: <u>SILVER SPRI</u>	NG	State: <u>MD</u> Zip: <u>20910-6391</u>	Country: <u>USA</u>
5. Brief Description of the Cha	aracter of the Affairs Co	nducted in Rhode Island	
		MPLOYMENT PROGRAM	
		PPORT FOR THE ENVIRON	
PROTECTION AGENCY (E	PA) IN NARRAGANS	ETT AND RELATED ACTIV	<u>TTIES</u>
6. Names and Addresses of t	ne Officers and Director	s:	
All officers and directors m	ust be listed.		

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY A OFFICER	8403 COLESVILLE ROAD, SUITE 200 SILVER SPRING, MD 20910 USA
TREASURER	SAMUEL B GAILLARD JR.	8403 COLESVILLE ROAD, SUITE 200 SILVER SPRING, MD 20910 USA
SECRETARY	DAVID GAMSE	8403 COLESVILLE ROAD, SUITE 200 SILVER SPRING, MD 20910 USA
DIRECTOR	SAMUEL B. GAILLARD JR.	8403 COLESVILLE ROAD, SUITE 200 SILVER SPRING, MD 20910 USA
DIRECTOR	GARY A OFFICER	8403 COLESVILLE ROAD, SUITE 200 SILVER SPRING, MD 20910 USA
DIRECTOR	ANGELA CICCOLO	8403 COLESVILLE ROAD, SUITE 200 SILVER SPRING, MD 20910 USA

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

NORTHWEST REGISTERED AGENT LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 27 Day of March, 2025 at 1:03:49 PM 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 <u>GARY A. OFFICER</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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