



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

RECORDED
15 APR 2025 10:59:11

1. Entity ID Number <u>000628036</u>		2. Exact name of the Corporation <u>C.I.T.E. Inc. Ctr for Individualized Training & Education</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Private special education program for students ages 5-22 Dx w/ autism or multi-handicapped</u>	
4. NAICS Code <u>611110</u>			
6. Principal Office Address <u>1860 Westminster St, Rear</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michael T Black</u>		Vice-President Name <u>Scott Morehead</u>	
Street Address <u>64 Broadview Rd</u>		Street Address <u>101 Aldrich Rd</u>	
City <u>Trenton</u>	State <u>RI</u>	City <u>Putnam</u>	State <u>CT</u>
Zip <u>02878</u>		Zip <u>06260</u>	
Secretary Name <u>Kathleen Nordin-Jones</u>		Treasurer Name <u>Anthony Maselli</u>	
Street Address <u>40 Potowomut Rd</u>		Street Address <u>18 Barbara St Apt 2</u>	
City <u>Greenwich</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02818</u>		Zip <u>02909</u>	
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 <u>James Squadrito</u>		Director Name <u>Dr. Wm T Anderson</u>	
Street Address <u>10030 Turtle Hill Rd</u>		Street Address <u>106 Wedlock Rd</u>	
City <u>Fort Myers</u>	State <u>FL</u>	City <u>Pomfret Ct</u>	State <u>CT</u>
Zip <u>33913</u>		Zip <u>06259</u>	
Director Name <u>Scott Morehead</u>		Director Name	
Street Address <u>101 Aldrich Rd</u>		Street Address	
City <u>Putnam</u>	State <u>CT</u>	City	State
Zip <u>06260</u>		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.			
Name of Officer/Authorized Representative <u>Dr William T Anderson</u>			Date <u>31 March 25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 31 2025

BY 241

FORM 631- Revised 12/2023