



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>32712</b>		2. Exact name of the Corporation <b>Rhode Island Criminalistics Association</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO ENCOURAGE INTEREST, RESEARCH AND EDUCATION IN SCIENTIFIC TECHNIQUES OF CRIME SCENE INVESTIGATION</b>			
5. Principal office address <b>220 Fogarty Hall, 41 Lower College Road</b>			City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881-1966</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>ALBERT GIUSTI</b>			Vice-President Name <b>WILLIAM SWIERK</b>		
Street Address <b>50 ORMS STREET</b>			Street Address <b>22 SPRUCE STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904-2222</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878-1425</b>
Secretary Name <b>TAMARA L WONG</b>			Treasurer Name <b>DENNIS C. HILLIARD</b>		
Street Address <b>50 ORMS STREET</b>			Street Address <b>41 LOWER COLLEGE ROAD</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904-2222</b>	City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881-1966</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
Director Name <b>JOHN J. DUBE</b>			Director Name <b>MICHAEL CLANCY</b>		
Street Address <b>1330 POITRAS DRIVE</b>			Street Address <b>17 BRADY STREET</b>		
City <b>VERO BEACH</b>	State <b>FL</b>	Zip <b>32963-2300</b>	City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885-2022</b>
Director Name <b>JAMES CLIFT</b>			Director Name		
Street Address <b>31 ELMHURST AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908-2802</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
**MAY 20 2015**  
*[Signature]*

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.

*[Signature]* 5/15/15  
 Signature of Officer or Authorized Representative Date

**DENNIS C. HILLIARD, TREASURER**  
 Print or Type Name of Officer or Authorized Representative