



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 32712		2. Exact name of the Corporation Rhode Island Criminalistics Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ENCOURAGE INTEREST, RESEARCH AND EDUCATION IN SCIENTIFIC TECHNIQUES OF CRIME SCENE INVESTIGATION.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 49 FOGARTY HALL, 41 LOWER COLLEGE ROAD			City Kingston	State RI	Zip 02881-1966
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT GIUSTI			Vice-President Name WILLIAM SWIERK		
Street Address 50 ORMS STREET			Street Address 22 SPRUCE STREET		
City Providence	State RI	Zip 02904	City Tiverton	State RI	Zip 02878
Secretary Name TAMARA L WONG			Treasurer Name DENNIS C. HILLIARD		
Street Address 50 ORMS STREET			Street Address 41 LOWER COLLEGE ROAD		
City Providence	State RI	Zip 02904	City Kingston	State RI	Zip 02881
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 JOHN J DUBE			Director Name MICHAEL CLANCY		
Street Address 1330 POITRAS DRIVE			Street Address 17 BRADY STREET		
City Vero Beach,	State FL	Zip 32863	City Warren	State RI	Zip 02885
Director Name JAMES CLIFT			Director Name		
Street Address 31 ELMHURST AVENUE			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Dennis C. Hilliard, Treasurer					Date 06/06/2018
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE FILED					

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

JUN 18 2018
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