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.

SECRETARY CORPORAT
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1. Entity ID Number	2. Exact name c	of the Corporation	· · · · · · · · · · · · · · · · · · ·		- <3
133161	Rhode Island Police Accreditation Coalition				
3. State of Incorporation	5. Brief descripti	ion of the charact	er of business conducted in Rho	de Island	
Rhode Island	Promote Accreditation for law enforcement. Provide a network for member agencies, serve to support member agencies obtain and maintain accreditation.				
4. NAICS Code					
813920 - Professional Organ ▼ti	ns				
6. Principal Office Address	<u> </u>	· -	City	State	Zip
Brown University Police PO Box 1842			Providence	RI	02912
7. List ALL officers (names and add	tresses)	.	Che	ck the box to indicate a	n attachment
President Name Lt. Bruce W. Holt			Vice-President Name Lt. Lori Ludovici		
Street Address Brown University Police, 75 Charlesfield St.			Street Address RISP, 311 Danielson Pike		
City Providence	State RI	^{Zip} 02912	City N. Scituate	State RI	Zip 02857
Secretary Name Lt. Matthew Benson			Treasurer Name Lt. Joseph Acampora		
Street Address 1651 Atwood Ave.			Street Address 325 Washington St.		
City Johnston	State RI	^{Zip} 02919	City Providence	State RI	Zip 02912
8. List ALL directors (names and ad	idresses). RI Corp	porations MUST I	st at least THREE directors.	Check the box to indicate	e an attachment
Director Name Lt. Joseph Acamp	ога		Director Name Lt. Bruce W. Holt		
Street Address 325 Washington St.			Street Address Brown University Police, 75 Charlesfield St.		
City Providence	State RI	^{Zip} 02912	City Providence	State RI	Zip 02912
Director Name Sgt. Ricardo Mour	ato		Director Name		
Street Address Bristol Police Department			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	in the Department of State. Change	es require filing Form 641.	
Under penaity of perjury, i declar statements, and that all statemen	re and affirm that its contained her	l have examined	d this report, including any acc	companying schedule	es and
This report must be signed by either the Pres				esentative, Receiver or Truste	
Name of Officer/Authorized Repres Lt. Bruce W. Holt	entative			Date June 29, 2018	
Signature of Officer/Authorized Rep		SIGN DOC	JMENT HERE		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

