



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000797485

2. Name of Corporation Stop Abduction

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 45 LINCOLN DRIVE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

STOP ABDUCTION IS AN ALL-SCHOOL INITIATIVE DESIGNED TO PREVENT AN ABDUCTION. WE WILL VISIT ACADEMIC ESTABLISHMENTS, KINDERGARTEN THROUGH COLLEGE AND CONVEY COMPREHENSIVE LIFE SKILLS. THE PROGRAM INCLUDES AGE APPROPRIATE INSTRUCTION IN THE FOLLOWING AREAS: REDEFINE WHO A STRANGER IS; 3 STEP SELF DEFENSE AND HOW TO LIVE IN THE WORLD AROUND US. AN ADDITIONAL COMPONENT IS FOR EDUCATORS AND PARENTS, HOW TO KEEP OUR CHILDREN SAFE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRENDALEE A. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA
TREASURER	DR. MICHAEL W.M. DUBE ED.D.	170 CUTLER ROAD DAYVILLE, CT 06241 USA
SECRETARY	ANA SARA PRITCHARD	42 MAUREEN DRIVE SMITHFIELD, RI 02917 USA
VICE PRESIDENT	DESTINY R. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	KATHLEEN EGGERSHEIM	29 WITEK CIRCLE UXBRIDGE, MA 01569 USA
DIRECTOR	DR. MICHAEL W.M. DUBE, ED.D.	170 CUTLER ROAD DAYVILLE, CT 06241 USA
DIRECTOR	ANA SARA PRITCHARD	42 MAUREEN DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	DESTINY R. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	BRENDALEE A. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA

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

KRISTEN PRULL MOONAN, ESQ. 4 RICHMOND SQUARE, SUITE 150 PROVIDENCE , RI 02906

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

Signed this 30 Day of July, 2019 at 8:58:46 AM 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 BRENDALEE SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07
