



**State of Rhode Island
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: 2020

1. Corporate ID No. 000717439

2. Name of Corporation Rhode Island Police Accreditation Commission

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

6

813920

4. Corporate Address in Rhode Island

No. and Street: 395 METACOM AVE

City or Town: BRISTOL

State: RI

Zip: 02809

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

TO PROMOTE AND SET STANDARDS FOR THE POLICE PROFESSION AND THE DELIVERY OF POLICE SERVICES THROUGHOUT THE STATE OF RHODE ISLAND. TO ESTABLISH AND MAINTAIN PROFESSIONAL STANDARDS FOR MUNICIPAL, STATE, TRANSIT AND CAMPUS POLICE DEPARTMENTS WITHIN THE STATE OF RHODE ISLAND. TO ESTABLISH AN ONSITE ASSESSMENT PROCESS BY WHICH ALL AGENCIES MEETING THESE STANDARDS CAN BE AWARDED ACCREDITATION OR CERTIFICATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	CHIEF RICHARD P. ST. SAUVEUR	SMITHFIELD POLICE DEPARTMENT, 215 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917 USA
SECRETARY	CHIEF JOSEPH J. DELPRETE	GLOCESTER POLICE DEPARTMENT, 162 CHOPMIST HILL ROAD GLOCESTER, RI 02814 USA
VICE PRESIDENT	COLONEL RICK J. RATHBUN	WARWICK POLICE DEPARTMENT, 99 VETERANS MEMORIAL DRIVE WARWICK, RI 02886 USA
TREASURER	CHIEF KEVIN M. LYNCH	BRISTOL POLICE DEPARTMENT, 395 METACOM AVENUE BRISTOL, RI 02809 USA
DIRECTOR	CHIEF JOSEPH J. DELPRETE	GLOCESTER POLICE DEPARTMENT, 162 CHOPMIST HILL ROAD GLOCESTER, RI 02814 USA
DIRECTOR	ANTHONY J. SILVA	CHIEF OF STAFF, OFFICE OF LT. GOVERNOR, 82 SMITH ST. ROOM 116, PROVIDENCE, RI 02903 USA
DIRECTOR	COLONEL RICK J. RATHBUN	WARWICK POLICE DEPARTMENT, 99 VETERANS MEMORIAL DRIVE WARWICK, RI 02886 USA
DIRECTOR	CHIEF THOMAS F. OATES III	WOONSOCKET POLICE DEPARTMENT, 242 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	CHIEF RICHARD P. ST. SAUVEUR	SMITHFIELD POLICE DEPARTMENT, 215 PLEASANT VIEW AVENUE SMITHFIELD, RI 02917 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**

GARY R. PANNONE, ESQ. PANNONE LOPES DEVEREAUX & OGARA LLC 1301 ATWOOD AVENUE,
SUITE 215 N JOHNSTON , RI 02919

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

Signed this 21 Day of July, 2020 at 12:01:58 PM 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 KEVIN M. LYNCH
Signature of Authorized Person

