



State of Rhode Island  
**Department of State - Business Services Division**

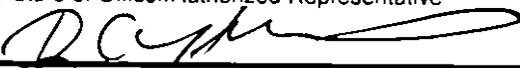
**FILED**

**Annual Report for the year: 2021**  
**Non-Profit Corporation**

JUN 28 2021

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

BY 108  
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1. Entity ID Number <b>32712</b>		2. Exact name of the Corporation <b>RHODE ISLAND CRIMINALISTICS ASSOCIATION</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To encourage Education, Research, and Interest in Scientific Techniques of Crime Scene Investigation.			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 49 FOGART HALL, 41 LOWER COLLEGE ROAD		City KINGSTON	State RI	Zip 02881-1966	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>COSTANTINO NATALE</b>			Vice-President Name <b>JAMES DESMARAIS</b>		
Street Address <b>500 TAUNTON AVENUE</b>			Street Address <b>66 MASSASOIT DRIVE</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>JANE B. NORTHUP</b>			Treasurer Name <b>DENNIS C. HILLIARD</b>		
Street Address <b>41 LOWER COLLEGE ROAD</b>			Street Address <b>68 SECLUDED DRIVE</b>		
City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN J. DUBE</b>			Director Name <b>JAMES CLIFT</b>		
Street Address <b>1330 POITRAS DRIVE</b>			Street Address <b>31 ELMCREST AVENUE</b>		
City <b>VERO BEACH</b>	State <b>FL</b>	Zip <b>32963</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>MICHAEL P. CLANCY</b>			Director Name		
Street Address <b>17 BRADY STREET</b>			Street Address		
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>DENNIS C. HILLIARD</b>				Date <b>6/18/2021</b>	
Signature of Officer/Authorized Representative 					

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