



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2021

→ Filing period: June 1 - June 30

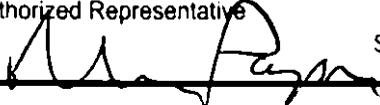
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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2021 OCT 18 PM 3:05

1. Entity ID Number 000101543		2. Exact name of the Corporation Licensed Private Detective Association of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Service the private investigative community in their needs of training and continuing education.	
4. NAICS Code 813920 - Professional Org			
6. Principal Office Address 1179 Elmwood Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Jennifer Dionne		Vice-President Name Robert Skiffington	
Street Address 15 Scenic View Drive		Street Address 8 Queen Awashunk Trail	
City Smithfield	State RI	City Little Compton	State RI
Zip 02917		Zip 02837	
Secretary Name Frank Castelli		Treasurer Name Michael Payne	
Street Address 130 Dorrance Street		Street Address 5 Shady Rose Lane	
City Providence	State RI	City Manville	State RI
Zip 02886		Zip 02838	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Jennifer Dionne (also the registered agent)		Director Name Michael Payne	
Street Address 15 Scenic View Drive		Street Address 5 Shady Rose Lane	
City Smithfield	State RI	City Manville	State RI
Zip 02917		Zip 02838	
Director Name Robert Skiffington		Director Name	
Street Address 8 Queen Awashunk Trail		Street Address	
City Little Compton	State RI	City	State
Zip 02837		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 Michael Payne, Treasurer, LPDARI			Date 10-15-21
Signature of Officer/Authorized Representative 			

SIGN DOCUMENT HERE

 OCT 18 2021
 BY **18Q.G.62**
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