State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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STAMP

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	City	State	Zip
1179 Elmwood Avenue	**Providence**	**RI**	**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**	Zip **02917**	City **Little Compton**	State **RI**	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**	Zip **02886**	City **Manville**	State **RI**	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**	Zip **02917**	City **Manville**	State **RI**	Zip **02838**
Director Name **Robert Skiffington**			Director Name		
Street Address **8 Queen Awashunk Trail**			Street Address		
City **Little Compton**	State **RI**	Zip **02837**	City	State	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.

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

Name of Officer/Authorized Representative	Date
Michael Payne, Treasurer, LPDARI	10-15-21

Signature of Officer/Authorized Representative: M. Payne — SIGN DOCUMENT HERE

FILED
OCT 18 2021
BY 18QG62
3:11

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

FORM 631 - Revised: 05/2017