



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

Annual Report for the year: 2019
 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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 BUS SVCS DIV

2021 OCT 18 PM 3:06

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 				FILED	

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

OCT 18 2021
 [Handwritten initials and numbers]