State of Rhode Island Fee: \$ Office of the Secretary of State	20.00		
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
<b>1636</b> (401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: February 1 - May 1			
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: 2023			
1. Corporate ID No. 000717439			
2. Name of Corporation Rhode Island Police Accreditation Commission			
3. State of Incorporation			
State: <u>RI</u>			
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 <u>click here.</u>			
NAICS Code			
813920			
4. Principal Office Address			
No. and Street: 1379 DIAMOND HILL ROAD			
City or Town: <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>USA</u>	A		
5. Brief Description of the Character of the Affairs 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 DOLICE DEPARTMENTS WITHIN THE STATE OF PHODE			
<u>TRANSIT AND CAMPUS POLICE DEPARTMENTS WITHIN THE STATE OF RHODE</u> ISLAND. TO ESTABLISH AN ONSITE ASSESSMENT PROCESS BY WHICH ALL			
AGENCIES MEETING THESE STANDARDS CAN BE AWARDED ACCREDITATION OR			
<u>CERTIFICATION.</u>			

## 6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

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	
TREASURER	CHIEF MATTHEW J. BENSON, ED.D.	CUMBERLAND POLICE DEPARTMENT, 1379 DIAMOND HILL ROAD CUMBERLAND, RI 02864 USA	
SECRETARY	CHIEF JOSEPH J. DELPRETE	GLOCESTER POLICE DEPARTMENT, 162 CHOPMIST HILL ROAD GLOCESTER, RI 02814 USA	
VICE PRESIDENT	CHIEF JAMES J. MENDONCA	RI COLLEGE CAMPUS POLICE, 600 MT. PLEASANT AVENUE PROVIDENCE, RI 02908 USA	
DIRECTOR	CHIEF JAMES J. MENDONCA	RI COLLEGE CAMPUS POLICE, 600 MT. PLEASANT AVENUE PROVIDENCE, RI 02908 USA	
DIRECTOR	ANTHONY J. SILVA	367 WEST WRENTHAM ROAD CUMBERLAND, RI 02864 USA	
DIRECTOR	CHIEF THOMAS F. OATES III	WOONSOCKET POLICE DEPARTMENT, 242 CLINTON STREET WOONSOCKET, RI 02895 USA	
DIRECTOR	CHIEF RICHARD P. ST. SAUVEUR	I SMITHELD POLICE DEPARTMENT 215 PLEASANT VIEW AVENUE	
DIRECTOR	CHIEF JOSEPH J. DELPRETE	GLOCESTER POLICE DEPARTMENT, 162 CHOPMIST HILL ROAD GLOCESTER, RI 02814 USA	
DIRECTOR	CHIEF MATTHEW J. BENSON, ED.D.	CUMBERLAND POLICE DEPARTMENT, 1379 DIAMOND HILL ROAD CUMBERLAND, RI 02864 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

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

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

**Signed this 2 Day of March, 2023 at 6:43:35 AM 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 <u>CHIEF MATTHEW J. BENSON, ED. D.</u> Signature of Authorized Person Form No. 631 Revised 09/07

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