



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 APR -6 P 12:34

1. Entity ID Number 000101543		2. Exact name of the Corporation Licensed Private Detectives Assoc. of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Service the P.I. community in their needs of training and continuing education Title: 7-6	
4. NAICS Code 813920			
6. Principal Office Address 433 Elmwood Ave.		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 1179 Elmwood Ave		Street Address 8 Queen Awashunk Trail	
City Providence	State RI	City Little Compton	State RI
Zip 02907		Zip 02837	
Secretary Name David Mink		Treasurer Name Michael Payne	
Street Address 111 Airport Rd		Street Address 5 Shady Rose Lane	
City Warwick	State RI	City Manville	State RI
Zip 02889		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 David Mink		Director Name Robert Skiffington	
Street Address 111 Airport Road		Street Address 8 Queen Awashunk Trail	
City Warwick	State RI	City Little Compton	State RI
Zip 02889		Zip 02837	
Director Name Michael Payne		Director Name	
Street Address 5 Shady Rose Lane		Street Address	
City Manville	State RI	City	State
Zip 02838		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Michael Payne			Date 4-6-23
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

APR 06 2023

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MAIL TO:

Division of Business Services

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