



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

REC'D RIDOS BSD
23 OCT 6 AM 11:15:00

1. Entity ID Number <u>001713836</u>		2. Exact name of the Corporation <u>FIRST RAPID RESPONSE TEAM FOR MISSING CHILDREN</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>FIRST RAPID RESPONSE TEAM FOR MISSING CHILDREN ASSIST PARENTS OR GUARDIANS OF MISSING PEOPLE BY SUPPLYING PRIVATE INVESTIGATION & MONITORING</u>			
4. NAICS Code <u>813920</u>					
6. Principal Office Address <u>6101 POST RD #38</u>		City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02852</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael Clemente</u>			Vice-President Name <u>DONNA L COFFIN</u>		
Street Address <u>6101 POST RD #38</u>			Street Address <u>5 GREENWICH W</u>		
City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>WEST GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>
Secretary Name <u>DONNA L COFFIN</u>			Treasurer Name <u>Michael Clemente</u>		
Street Address <u>5 GREENWICH W</u>			Street Address <u>6101 POST RD #38</u>		
City <u>W GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02852</u>
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 <u>DONNA L COFFIN</u>			Director Name		
Street Address <u>5 GREENWICH W</u>			Street Address		
City <u>WEST GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>	City	State	Zip
Director Name <u>Michael Clemente</u>			Director Name <u>ISLYNTE SYARIFF</u>		
Street Address <u>6101 POST RD #38</u>			Street Address <u>6101 POST RD</u>		
City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02852</u>
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					Date
Signature of Officer/Authorized Representative					

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 6 2023

BY XM XKE
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FORM 631- Revised: 04/2023