



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
23 OCT 6 AM 11:14:56

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.

1. Entity ID Number <u>00171383 6</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>This Nonprofit is set up to Educate, Protect Investigate The Missing and Assist Law Enforcement in Searching For and The Rescue of Missing Children</u>			
4. NAICS Code <u>813920</u>					
6. Principal Office Address <u>6101 Post RD #38</u>			City <u>North Kingstown</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 Kingstown</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 Coffin</u>			Treasurer Name <u>Michael Clemente</u>		
Street Address <u>5 Greenwich W</u>			Street Address <u>6101 Post RD</u>		
City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>North Kingstown</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>Isilanti Syarif</u>		
Street Address <u>6101 Post RD #38</u>			Street Address <u>6101 Post RD</u>		
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative 					Date <u>10/5/2023</u>
Signature of Officer/Authorized Representative					FILED
					OCT 6 2023

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

BY XMKKE
AR