



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001764180

2. Name of Corporation NEMC New England Missing Children

3. State of Incorporation

State: RI

NAICS CODE

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 [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: 6101 POST RD TRL 38

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSE OF THIS NON- PROFIT IS TO HELP LOCATE MISSING PERSONS BY SUPPORTING FAMILIES OF THE MISSING. OUR MISSION IS TO BRING THE MISSING HOME. WE DO THIS BY UTILIZING LICENSED PRIVATE INVESTIGATORS, AGENTS AND VOLUNTEERS, RESEARCH EXPERTS, COMPUTER EXPERTS AND MORE. WE REPORT DIRECTLY TO LAW ENFORCEMENT TO AID IN THEIR INVESTIGATION OF ANY MISSING PERSON. WE ALSO STRIVE TO EDUCATE PARENT OF CHILDREN BEFORE THE CHILDREN GO MISSING BY YOUTUBES, PODCAST AND LIVE SEMINARS IN SCHOOLS AND CHURCHES

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
INCORPORATOR	MICHAEL J CLEMENTE	6101 POST RD NORTH KINGSTOWN, RI 02852 USA
OTHER OFFICER	DONNA COFFIN	5 GREENWHICH W WEST GREENWHICH, RI 02817 US
DIRECTOR	MICHAEL J CLEMENTE JR	6101 POST RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHAEL J CLEMENTE	6101 POST RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DONNA L COFFIN	5 GREENWHICH W WEST GREENWHICH, RI 02817 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

MICHAEL J CLEMENTE 6101 POST RD 38 NORTH KINGSTOWN , RI 02852

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

Signed this 17 Day of April, 2024 at 8:13:05 PM 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 MICHAEL CLEMENTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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