



**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 2025:** 2025

**1. Corporate ID No.** 000797485

**2. Name of Corporation** Stop Abduction

**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

624110

**4. Principal Office Address**

No. and Street: 45 LINCOLN DRIVE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

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

STOP ABDUCTION IS AN ALL-SCHOOL INITIATIVE DESIGNED TO PREVENT AN ABDUCTION. WE WILL VISIT ACADEMIC ESTABLISHMENTS, KINDERGARTEN THROUGH COLLEGE AND CONVEY COMPREHENSIVE LIFE SKILLS. THE PROGRAM INCLUDES AGE APPROPRIATE INSTRUCTION IN THE FOLLOWING AREAS: REDEFINE WHO A STRANGER IS; 3 STEP SELF DEFENSE AND HOW TO LIVE IN THE WORLD AROUND US. AN ADDITIONAL COMPONENT IS FOR EDUCATORS AND PARENTS, HOW TO KEEP OUR CHILDREN SAFE.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRENDALEE A. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA
TREASURER	DR. MICHAEL W.M. DUBE ED.D.	170 CUTLER ROAD DAYVILLE, CT 06241 USA
SECRETARY	ANA SARA PRITCHARD	42 MAUREEN DRIVE SMITHFIELD, RI 02917 USA
VICE PRESIDENT	DESTINY R. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	KATHLEEN EGERSCHEIM	29 WITEK CIRCLE UXBRIDGE, MA 01569 USA
DIRECTOR	DR. MICHAEL W.M. DUBE, ED.D.	170 CUTLER ROAD DAYVILLE, CT 06241 USA
DIRECTOR	ANA SARA PRITCHARD	42 MAUREEN DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	DESTINY R. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	BRENDALEE A. SMITH	45 LINCOLN DRIVE JOHNSTON, RI 02919 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**

KRISTEN PRULL MOONAN, ESQ. 4 RICHMOND SQUARE, SUITE 150 PROVIDENCE , RI 02906

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

**Signed this 13 Day of February, 2025 at 12:32:15 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 BRENDALEE A. SMITH  
Signature of Authorized Person

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