



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN 12 P 12:49

1. Entity ID Number 001696824		2. Exact name of the Corporation Juvenile Delinquency Prevention Initiative - JDPI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A mentoring/ afterschool program geared towards helping at risk youth avoid the judicial system.	
4. NAICS Code 813410			
6. Principal Office Address 22 Parsonage st		City Prov	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Brandon Robinson		Vice-President Name Michael Shepard	
Street Address 22 Parsonage st		Street Address 22 Parsonage st	
City Prov	State RI	City Prov	State RI
Zip 02903		Zip 02903	
Secretary Name Jacque Fisher		Treasurer Name Adam Dufrense	
Street Address 22 Parsonage st		Street Address 22 Parsonage st	
City Prov	State RI	City Prov	State RI
Zip 02903		Zip 02903	
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 Michael Shepard		Director Name Adam Dufrense	
Street Address 22 Parsonage st		Street Address 22 Parsonage st	
City Prov	State RI	City Prov	State RI
Zip 02903		Zip 02903	
Director Name Heather Durden		Director Name Ariel Wilkerson	
Street Address 22 Parsonage st		Street Address 22 Parsonage st	
City Prov	State RI	City Prov	State RI
Zip 02903		Zip 02903	
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 Brandon Robinson		Date 1/12/23	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED 1249	
		JAN 12 2023	
		BY MS HOGST	

MAIL TO:
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