



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

401.222.3

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation falling 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.

to a penday jee of \$25.00.							
1. Corporate II) No. 130170	2. Name of Corporation Liquid Blue Charitable Fund, Inc.						
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address One Crownmark Drive			City Lincoln		^{Zip} 02865	
5. Foreign corporation. Enter principal office address			City	State		Zip	
6. Brief Description of the character that it able purposes and the formilies 7. NAMES AND ADDRESSE	r of the affairs which are at 1100,000 fills Und Communiti SOF THE OFFICER	mally conducted in Room Miles Aid And Suffected 1 SUFER BOX FOR ATT	le bland L'assistavice n J Such ling dy Achmenn Fill in si	The victims	of the	tragedy .	
President Name Paul Roidoulis			Vice President Name				
Street Address 44 Holly Street			Street Address				
City Providence	Rhode Island	^{Zip} 02906	City	State		Zip (5)	
Secretary Name James P. Redding			Treasurer Name Laura LeGant				
Street Address 220 Washington Road		Street Address One Crownmark Drive					
City Barrington	Rhode Island	^{2ip} 02806	Lincoln	State Rhode I	sland	02865	
8. NAMES AND ADDRESSE THE NUMBER OF DIRECT Director Name Paul Roidoulis			Director Name Laura LeGant		NAME OF ALCOHOLOGY AND ADDRESS.		
Street Address 44 Holly Street			Street Address One Crownmar	k Drive			
Providence	State Rhode Island	^{Zip} 02906	Lincoln	State Rhode 1	Rhode Island 2tp 02865		
Director Name James P. Redding			Director Name				
Street Address 220 Washington Road			Street Address				
City Barrington	State Rhode Island	^{Zip} 02806	City	State		Zip	
9. REGISTERED AGENT IN Agent Name James P. Redding, Es		O IVI ALIER SED	Address	FOR 18-34.1 - 18.18.18.1		1:2	
Address 220 Washington Road			Barrington Zip 50 02806				

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FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm tha	t I I	have	exa	min	cd	thi
report, including any accompanying schedules and	stat	emen	ts, a	nd:	tha	tal
statements contained herein are true and correct.						
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	May 19, 2008
Signature of Officer James P. Reading	Dute
Print or Type Name of Officer Secretary	
Title of Officer	"