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A. Ralph Mollis, Secretary of State Corporations Division 148 W. Rhen Street Providence, RI 02904-2015 401,222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 failing or refusing to file its annual report within the time prescribed by late (R.I.G.L. 7-6-91) is subject to a regular fee of \$25.00

ренину јес ој 525.00.						
: Comporate ID No.	1 "	2. Name of Corporation				
34064		BLACKSTONE VALLEY TOURISM COUNCIL, INC.				
State of Incorporation	4. Corporate ask	tress in Rhode Island - Street A	ddress	City	Z#)	
RHODE ISLAND	175 Main S	Street		Pawtucket	02860	
Foreign corporation. Enter principal office address			CHY	State	Ziji	
		b are actually conducted in R.				
to create awareness in	the public & priva	te sectors of BV and of i	its members and the respectivits tourism council TACHMENT)			
Poslikan Name			Vice President Name			
David Balfour			Louise Champigny-Boulanger			
arrest Additions			Street Address			
281 Abbott Run Valle	ey Rd		1300 Park Avenue			
	State	Zip	Citi	State	Zifr	
Cumberland	RI	02864	Woonsocket	RI	02895	
se relay None			Теамист Липе			
Sue Tessier-MacKenzie			·	Jacqueline Boudreau		
Vinet Address			Street Address			
289 Summer St.			39 Lester Street			
· 10	Siate	Zip	Gily	State	710	
Woonsocket	RI	02895	North Smithfield	RI	02896	
			ATTACHMENT) FILL IN SPAC			
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	<u>OT BE LESS THAN TH.</u>	<u>REE</u> (3). R.I.G.L. 7-0	
i succtor Name			Director Natue			
David Balfour			Louise Champigny-Boulanger			
Mired Address			Street Address			
281 Abbott Run Valley Rd			1300 Park Avenue			
v.#()	State	Z_{iP}	Clty	State	/ψ 0290E	
Cumberland	RI	02864	Woonsocket	RI	02895	
Director Name			Investor Name			
Robert Conway			Jacqueline Boudreau			
Since Address 10 Nate Whipple Hy	MA.		Street Address 39 Lester Street			
TO Mate Willipple Tiv	State	Zip	Gily	State	740	
Cumberland	RI	02864	North Smithfield	RI	02896	
Oumbenand • REGISTERED AGEN	•	•	140rui Oilliameid	1121	102000	
This information is cur-	ently of record in the	ne Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L., 7-6-	-13/7-6-78	
This repor	t must be signed by	either the President. Vic	ce President, Secretary, Assistan	t Secretary, Treasurer, R	ecciver or Trustee	

- 34004	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-22-09	statements contained to lin are true and correct.
Check No1547/	Signocure of Officer Date David BALFOUR
By: MMC	Print or Type Name of Officer President
FOR SECRETARY OF STATE USE ONLY	Title of Officer