

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 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 law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

permitty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corpore	2. Name of Corporation				
124393	The Blackstor	The Blackstone Valley Catholic Worker, Inc.				
3. State of Incorporation	i. Corporate address in Rhode Island - Street Address			City	Zip	
Rhode Island	211 Angell S	treet		Providence	02906	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chai	racter of the affairs which a	ire actually conducted in Ri	bode Island		<u></u>	
educational, health & c	other services		uses for the care & support of			
President Name			Vice President Name	I		
Ann Rotondi			Mary Jane Sweet			
Street Address			Street Address			
39 Amory Street			171 Cumberland Street			
City	State	Zip	City	State	Zip	
Providence	RI	02904	Providence	RI	02908	
Secretary Name Anne Pari			Treasurer Name Pat DiComitis			
Street Address 134 Pine Crest Drive			Street Address 600 Cole Farm Road, Unit C1			
City	State	Zip	Сиу	State	Zip	
Riverside	RI	02915	Warwick	RI	02889	
8. NAMES AND ADDRE	SSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	ACES BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIR.	ECTORS OF A DOMI	ESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23	
Street eddress 600 Cole FARMRd., UNITC			Street Address			
WARWICK	State KI	02889	City	State	Zip	
Director Name Ann Rotondi			Director Name Anne Pari			
Street Address 39 Amory Street			Street Address 134 Pine Crest Drive			
City	State	Zip	City	State	Zip	
Providence 9. REGISTERED AGENT	R In rhode island	02904	Riverside	RI	02915	
This information is current	ntly of record in the C	Hice of the Secretary o	f State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report	must be signed by eit	her the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer Rec	eiver or Trustee	

	Under penalty of perjury, I declare and affirm report, including any accompanying school les a
File Date FILED	statements contained heroin are true and correct
Check NgUL 0 7 2009	Ann Rotondi Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	Title of Officer

Form 631 Rev. 09/17