State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2010

1. Corporate ID No. 000485888

2. Name of Corporation Blackstone Valley Development Corporation

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street: 317 IRON HORSE WAY
SUITE 301
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PURPOSES FOR WHICH THE CORPORATION IS FORMED ARE AS FOLLOWS: A) TO WORK COOPERATIVELY WITH THE ARC OF BLACKSTONE VALLEY (ABV), A RHODE ISLAND CHARITABLE CORPORATION WHICH IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, WITHOUT LIMITATION, TO ACQUIRE, DEVELOP, OWN AND OPERATE REAL PROPERTY IN CONNECTION WITH PROJECTS SPONSORED BY ABV OR ITS AFFILIATED ENTITIES; B)TO DEVELOP, INITIATE, AND OPERATE COMMUNITY PROJECTS WHICH COMBAT COMMUNITY DETERIORATION, PROVIDE RELIEF FOR UNDERPRIVILEGED MEMBERS OF THE COMMUNITY AND WHICH ARE CONSISTENT WITH COMMUNITY NEEDS AND DESIRES IN RHODE ISLAND AND ADJACENT STATES (TARGET AREA); TO ASSIST RESIDENTS AND OTHER ORGANIZATIONS WORKING IN THE TARGET AREA TO DEVELOP, INITIATE, AND OPERATE SUCH PROJECTS; C)TO CONSTRUCT, REHABILITATE, CONVERT AND OPERATE HOUSING FACILITIES FOR THE ELDERLY, PHYSICALLY HANDICAPPED OR FOR PERSONS WITH MENTAL RETARDATION AND RELATED DISABILITIES; TO

PROVIDE RELATED SOCIAL SERVICES WITHIN THE HOUSING FACILITIES WHICH ARE CONSISTENT WITH COMMUNITY NEEDS AND DESIRES; D)TO ACQUIRE, OWN, CONSTRUCT, REHABILITATE, CONVERT AND OPERATE AFFORDABLE, LOW-INCOME HOUSING CONSISTENT WITH ALL APPLICABLE STATE AND FEDERAL SAFE HARBOR REQUIREMENTS; TO PROVIDE RELATED SOCIAL SERVICES WITHIN SUCH HOUSING FACILITIES WHICH ARE CONSISTENT WITH COMMUNITY NEEDS AND DESIRES; AND E)TO PROVIDE FINANCIAL AND TECHNICAL SUPPORT TO THOSE RESIDENTS AND GROUPS LIVING AND WORKING IN THE TARGET AREA WHO SEEK TO ACHIEVE THE FOREGOING PURPOSES OF THE CORPORATION AND TO AID AND ASSIST SUCH PERSONS AND GROUPS TO OBTAIN SUCH FINANCIAL AND TECHNICAL SUPPORT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LESTER B. KEATS	355 BLACKSTONE BOULEVARD, APT. 305 PROVIDENCE, RI 02906 USA
TREASURER	JERRY MCCOLE	95 STONY LANE EXETER, RI 02822 USA
SECRETARY	KATHLEEN ONEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	LESTER KEATS	355 BLACKSTONE BOULEVARD, APT. 305 PROVIDENCE, RI 02906 USA
DIRECTOR	GERALD ONEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	JERRY MCCOLE	95 STONY LANE EXETER, RI 02822 USA
DIRECTOR	THOMAS HODGE	53 WILTON AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	KATHLEEN ONEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

GARY R. PANNONE 317 IRON HORSE WAY, SUITE 301 PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 21 Day of June, 2010 at 1:26:22 PM. *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 corporation, 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 LESTER B. KEATS
Signature of Officer of the Corporation

_X_ President or __ Vice President or __ Secretary or __ Assistant Secretary or

__ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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