

penalty fee of \$25.00.

A. Ralpb Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RI 02904-2615 0 | 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010 - 2011

Filing Period: June 1 - June 30 • Filing Foe: \$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

1. Corporate ID No.	2. Name of Corporation					
154232	Blacksto	ne Valley H	stonica/ Sociela	•		
3. State of Incorporation	4. Corporate adaress in t	woae isiana - sireyi Aaares	S /	1 (31)	Ztp	
RI RI	Box 12:	5 Lincoln	KI	LINCOLN	02865	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zφ	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isl.						
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Is	dand	·		
reserve + homote	history in Mu	Blackstone Vall	ley through Research	Collections Pur	6/1c Forums	
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTAC		
President Name			Vice President Name			
Patricia Armitage			Mark Krieger			
Stemat Adduser			Street Address 1			
104 Edaville Court			58 Wilbu Rd.			
Wwwich .	State RT	02886	Lmwln	State RI	02865	
Secretary Name			Treasurer Name			
Francine Tackson			In Barry 6	Jr. Barry Gilbert		
Street Address 97 Elder Street			Street Address 7 Sucarl Drive			
Glty	les Jueis	714	<u> </u>	+	`	
Lincoln	State RI	02865	LIMIDIU	State RT	0286	
8. NAMES AND ADDRESSES	S OF THE DIRECTOR		. <u>.</u>	EFORE USING ATTAC	, , ,	
THE NUMBER OF DIRECT	ORS OF A DOMESTI	•	* •			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS Director Name Director Name					2 (3). 1.1.0.12 /-0-23	
Gail Harris			Glenn Laxton			
Street Address			Street Address			
	sey Rd.	124		Forest as		
Cum buland	sidie RJ	2402865	Pawtichet	State	02860	
Director Name SASM Scome			Director Name			
Street Address			Street Address			
13 Shen	man Aven	ve.	1			
LINCOLN	State RI	Z4p 0 Z 8 15	City	State	Zip	
9. REGISTERED AGENT IN	RECORD ISLAND	1 0000	•	f		
= ??						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7=278						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
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		MAY 27 2011			ယ္ ₹ <u>ặ</u>	
		MAI & ZOIT	145315	'	9 ''	
		By $\sqrt{2}$	Under nenalty of series	ry I declare and officer 4	hat I have examined this	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			d statements, and that all	
		7 <i>//</i> /	statements contained he	rein are true and correct.	,	
File Date		/	after	ih T. Keyla	ers 5/27/1	
			Signature of Officer	utee	Date	
Check No.			Tr	ustee	1	
B			Print or Type Name of O	fficer		
Ву:			2 	¥:==		