

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 2011

401.2

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.				,	, ,	
1. Corporate ID No.	2. Name of Con	2. Name of Corporation				
124393	The Blacks	The Blackstone Valley Catholic Worker, Inc.				
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street i	Address	City	Zip	
Rhode Island	211 Angell	Street		Providence	02906	
5. Foreign corporation. Enter principal office address			Спу	State	Zip	
6. Brief Description of the ch	aracter of the affairs whic	ch are actually conducted in R	bode Island			
To establish, maintain educational, health &	n, support & operate other services.	e a charitable house/hou	uses for the care & support o	•		
President Name			Vice President Name			
Ann Rotondi			Mary Jane Sweet			
Street Address 39 Armory Street			Sireet Address 171 Cumberland Street			
City	State	Zip	City	State	Zip	
Providence	RI	02904	Providence	RI	02908	
Secretary Name			Treasurer Name		02000	
Anne Pari			Pat DiComitis			
Street Address 134 Pine Crest Drive			Street Address 600 Cole Farm Road, Unit C1			
City	State	Ζip	City	State	Zip	
Riverside	RI	02915	Warwick	RI	02889	
8. NAMES AND ADDR	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SP.			
THE NUMBER OF DIA	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL Director Name	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Pat DiComitis			Ann Rotondi			
Street Address			Street Address			
600 Cole Farm Road, Unit C1			39 Armory Street			
City	State	Zip	City	State	Zip	
Warwick	RI	02889	Providence	Ri	02904	
Director Name Anne Pari			Director Name	-		
Street Address 134 Pine Crest Drive, Unit C1			Street Address			
City	State	Zip	City	State	Zip	
Riverside	RI	02915			'	
9. REGISTERED AGEN	•	,		ı	'	
This information is curr	ently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This repor	t must be signed by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, Re	ceiver or Trustec	

124393	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 JUL 2 6 2011 Check No.	statements contained herein are true and correct. Signature of Officer Ann Rotondi Ann Rotondi
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer Form 621 Page 09/17