



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 124393		2. Exact name of the Corporation The Blackstone Valley Catholic Worker, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To establish, maintain, support and operate a charitable house/houses for the care and support of persons in need; to provide shelter, food, education, health & other services.			
5. Principal office address 134 Pine Crest Drive		City Riverside		State RI	Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ann Rotondi		Vice-President Name Mary Jane Sweet			
Street Address 39 Armory Street		Street Address 171 Cumberland Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02908
Secretary Name Anne Pari		Treasurer Name Pat DiComitis			
Street Address 134 Pine Crest Drive		Street Address 600 Cole Farm Road, Unit C1			
City Riverside	State RI	Zip 02915	City Warwick	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Pat DiComitis		Director Name Ann Rotondi			
Street Address 600 Cole Farm Road, Unit C1		Street Address 39 Armory Street			
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02904
Director Name Anne Pari		Director Name			
Street Address 134 Pine Crest Drive		Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 12 2014

1718

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative