

Revised: 04/2014

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.

1. Entity ID No.	2. Exact nam	2. Exact name of the Corporation				
124393	The Black	The Blackstone Valley Catholic Worker, Inc.				
3. State of Incorporation	4. Brief descr	iption of the character of b	usiness conducted in Rhode I	sland		
	To establ	ish, maintain, suppo	ort and operate a chari	table house/hou	ses for the care	
Rhode Island		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 ADDRI	ESSES) ("X" BOX FOR AT	TACHMENT)			
President Name			Vice-President Name			
Ann Rotondi			Mary Jane Sweet			
Street Address			Street Address			
39 Armory Street			171 Cumberland Street			
City	State	Zip	City	State	Zip	
Providence	RI	02904	Providence	RI	02908	
Secretary Name		10-00.	Treasurer Name			
Anne Pari			Pat DiComitis			
Street Address			Street Address			
134 Pine Crest Drive			600 Cole Farm Road, Unit C1			
· · · · · · · · · · · · · · · · · · ·	State Zip		City State Zip			
City Riverside	RI	02915	Warwick	RI	02889	
("X" BOX FOR ATTACHMENT) L Director Name Pat DiComitis			Director Name 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		02000	Director Name	1		
Anne Pari			Director reality			
Street Address			Street Address			
134 Pine Crest Drive			Gliebt Address			
	State	Tzin.	City	State	Zip	
City Riverside	RI	Zip 02915	City	State	ا کان	
		02913				
B. REGISTERED AGENT						
·			f State. Changes require fil			
This report must be signed or Trustee	I by either the Preside	nt, Vice-President, Secreta	ary, Assistant Secretary, Treas	urer, duly Authorized	Representative, Receiver	
File Date FILED		FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statement contained herein are true and correct.			
Check No		JUN 1 2 2014	Home !	asi:	6/11/14	
Ву:		1718	Signature of Officer or A	uthorized Representa	tive Date	
FOR SECRETARY OF S	STATE USE ONLY		Spine	Pari	Screensen	