



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:** 2014

**1. Corporate ID No.** 000106040

**2. Name of Corporation** Blackstone Valley Center Memorial Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 500 PROSPECT STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 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**

FOR CHARITABLE PURPOSES IN SUPPORT OF PEOPLE WITH MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	GERALD F. ONEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA
TREASURER	KATHLEEN ONEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA

SECRETARY	THOMAS E. HODGE	53 WILTON AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	THOMAS E. HODGE	53 WILTON AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	KATHLEEN O NEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	GERALD F O NEILL	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, ESQ. 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, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of July, 2014 at 1:13:21 PM by the authorized person. *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 company, 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 KATHLEEN ONEILL  
Signature of Authorized Person

Form No. 631  
Revised 09/07