



**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. 000057728

2. Name of Corporation Blackstone Valley Advocacy Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 259 CENTRAL STREET

City or Town: CENTRAL FALLS

State: RI Zip: 02863 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

AGENCY PROVIDING SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHIRLEY CARTER	240 PLEASANT STREET EAST PROVIDENCE, RI 02916 USA
TREASURER	ANTHONY NOBREGA	105A VICTORY STREET CUMBERLAND, RI 02864 USA
SECRETARY	HOLLY PETTIS	25 CHANDLER STREET

		NORTH PROVIDENCE, RI 02911 USA
VICE PRESIDENT	CAROL OSSO	1 KELTON STREET PAWTUCKET, RI 02861 USA
DIRECTOR	CHRISTINE CROCKER	70 HAMILTON STREET CUMBERLAND, RI 02864 USA
DIRECTOR	STEPHEN ORMEROD	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	TRICIA CROSS	821 READ STREET ATTLEBORO, MA 02703 USA
DIRECTOR	PATRICIA MELUCCI	12 CLIFFSIDE DRIVE LINCOLN, RI 02862 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

LINDA IMPAGLIAZZO 259 CENTRAL STREET CENTRAL FALLS , RI 02863

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

Signed this 24 Day of November, 2014 at 5:13:18 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 LINDA IMPAGLIAZZO
Signature of Authorized Person

Form No. 631
Revised 09/07