



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>487039</b>		2. Exact name of the Corporation <b>Blackstone Valley Youth &amp; Family Collaborative, Inc</b>		
3. Principal office address <b>209 Cottage Street</b>		City <b>Pawtucket</b>	State <b>R.I</b>	Zip <b>02860</b>
4. Business Phone No. <b>401. 475-2121</b>		5. State of Incorporation <input checked="" type="checkbox"/> <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Residential Services Provider for State of Rhode Island</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Daniel Brito</b>		Vice-President Name <b>None</b>		
Street Address <b>209 Cottage Street</b>		Street Address		
City <b>Pawtucket</b>	State <b>R.I</b>	Zip <b>02860</b>	City	State
Secretary Name <b>None</b>		Treasurer Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Daniel Brito</b>		Director Name		
Street Address <b>209 Cottage Street</b>		Street Address		
City <b>Pawtucket</b>	State <b>R.I</b>	Zip <b>02860</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>A</b>	<b>0</b>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

**FILED**

Signature of Authorized Representative

Date

**1/27/16**

**Daniel Brito**  
 Print or Type Name of Authorized Representative

FEB 03 2016  
**KL 5879**