



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000041462

2. Name of Corporation Blackstone Health, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 111 BREWSTER 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

TO PROVIDE COMMUNITY BASED HEALTH SERVICES THAT ARE RESPONSIVE TO THE NEEDS AND DEMOGRAPHIC MAKEUP OF THE BLACKSTONE VALLEY COMMUNITY AND OTHER COMMUNITIES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	KATHLEEN TOPOR	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
SECRETARY	JAMES BRIDEN, ESQ.	P.O. BOX 1325, 150 MAIN STREET PAWTUCKET, RI 02862 USA

CHAIR	KARL SHERRY	HAYES & SHERRY, 146 WESTMINSTER ST., 2ND FLR. PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	KATHLEEN PEIRCE	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	JAMES BRIDEN, ESQ.	P.O. BOX 1325, 150 MAIN STREET PAWTUCKET, RI 02862 USA
DIRECTOR	F. PAUL MOONEY, JR.	39 DROWNE PARKWAY RUMFORD, RI 02916 USA
DIRECTOR	KARL SHERRY	HAYES & SHERRY, 146 WESTMINSTER ST., 2ND FLR. PROVIDENCE, RI 02903 USA
DIRECTOR	KATHLEEN TOPOR	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	DENNIS KEEFE	CARE NEW ENGLAND HEALTH SYSTEM, 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL DACEY, M.D.	MEMORIAL HOSPITAL OF RHODE ISLAND, 111 BREWSTER STREET PAWTUCKET, RI 02860 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**

KATHLEEN PEIRCE 51 HEALTH LANE WARWICK , RI 02886

Signed this 1 Day of June, 2016 at 4:49:10 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 TOPOR, TREASURER

Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

